

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

**Cooperative Agreements for Linking Actions for Unmet
Needs in Children's Health**

(Short Title: Project LAUNCH)

(Initial Announcement)

Request for Applications (RFA) No. SM-14-004

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

Key Dates:

Application Deadline	Applications are due by March 3, 2014.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children from birth to eight years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal, and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Funding Opportunity Title:	Cooperative Agreements for Linking Activities for Unmet Needs in Children's Health
Funding Opportunity Number:	SM-14-004
Due Date for Applications:	March 3, 2014
Anticipated Total Available Funding:	\$10,202,000
Estimated Number of Awards:	Up to 13
Estimated Award Amount:	Up to \$800,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years

Eligible Applicants:	<p>Eligible applicants are state and territorial governments; federally recognized American Indian and Alaska Native (AI/AN) Tribes and Tribal organizations. Current and previously funded state and tribal Project LAUNCH grantees are not eligible to apply.</p> <p>[See <u>Section III-1</u> of this RFA for complete eligibility information.]</p>
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I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal, and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments, and entering school ready to learn and able to succeed.

Project LAUNCH is grounded in the public health approach, working towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social, cognitive, and behavioral aspects of well-being. The public health approach addresses the health needs of the population rather than only addressing the health problems of individuals. Project LAUNCH seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes, especially impoverished communities. Project LAUNCH simultaneously promotes protective factors that support resilience and healthy development which can protect individuals from later social, emotional, cognitive, physical, and behavioral problems; including early substance and alcohol use. A major objective of this grant program is to strengthen and enhance the partnership between health and mental health at the federal, state/territorial/tribal, and local levels. States, territories, and tribes will select a local community within the larger jurisdiction to be a partner in Project LAUNCH. States, territories, and tribes will bring together child-serving organizations to develop policies, financial mechanisms and other reforms to improve the integration and efficiency of the child-serving system.

Project LAUNCH seeks to address health disparities among racial and ethnic minorities through this program by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority young children and families served.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>. Project LAUNCH is part of the

Prevention of Substance Abuse and Mental Illness strategic initiative, which aims to support communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

Project LAUNCH cooperative agreements are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

The Project LAUNCH grant program requires that the population of focus be children from birth to eight years of age and their families. Efforts to improve and integrate systems and enhance services should include not only those providers and settings serving children from birth to five years (e.g. child care, early education, primary care, Head Start) but also those systems serving children in the early elementary grades, including schools. Efforts to create better linkages between early childhood providers and schools are often much needed, and can be instrumental in ensuring that supports and skills gained in the first five years of life can be sustained and built upon when children enter school.

Applicants must identify a geographic locality to serve as the local community for the grant. Examples of local communities are towns, cities, counties, a cluster of zip codes or census tracts, a school district, tribal area or jurisdiction, or an Alaskan Village. The chosen locality should be: definable by clear geographic boundaries; have a cohesive service system with a set of entities that represent the required members of the Local Council; suitable for the implementation of the Project LAUNCH activities; and should not be so large in terms of population or geography that the project cannot make a significant impact on outcomes for children and families within that community.

Local communities are expected to have a dual focus on (1) making improvements to the early childhood system and (2) improving access to and availability of evidence-based prevention and wellness promotion practices (including traditional tribal practices that promote wellness). Project LAUNCH focuses on preventing mental, emotional, and behavioral challenges and promoting healthy development and functioning. Applicants will infuse mental health promotion practices and evidence-based prevention practices into primary care, early care and education, home visiting, and family settings. Innovative and effective prevention/promotion practices at the local level will serve as models to be sustained and replicated throughout the state, territory, and tribe.

While Project LAUNCH aims to serve families with young children from birth through age eight, services may also be provided to pregnant women and their families if these efforts are in the service of ensuring the health or wellbeing of the child and family.

SAMHSA strongly encourages all grantees to provide a smoke tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted Tribal traditions and practices).

2.1 Infrastructure Development – State/Territorial/Tribal

SAMHSA’s Project LAUNCH cooperative agreements require infrastructure development and service delivery components at two levels: (1) At the state/territorial/tribal level, activities focus primarily on infrastructure development efforts aimed at creating an integrated system for promoting the wellness of young children, including interdisciplinary workforce development activities. (2) At the local level, grantees are involved in both local infrastructure development activities and providing services directly to children and families. All activities share a common goal of promoting the wellness of young children and their families.

Required infrastructure development activities at the state/territory level must be led through a partnership between the state/territory’s Title V Agency and the Mental Health Agency primarily responsible for children’s mental health at the state/territorial level. Project LAUNCH activities at the state/territorial level should be integrated into the state/territory’s overall prevention framework, and should be coordinated with other federal early childhood initiatives that focus on promoting wellness in order to align goals, leverage resources, reduce duplication of effort, and share lessons learned. Grantees are expected to build on previous work accomplished through HRSA’s Early Childhood Comprehensive Systems grant program (ECCS), and work closely with grantees of the Maternal, Infant, and Early Childhood Home Visiting initiative (MIECHV) funded by HRSA and the Administration for Children and Families (ACF) to ensure that Project LAUNCH home visiting activities complement rather than duplicate services funded through MIECHV. Grantees are also encouraged to align efforts with Race to the Top Early Learning Challenge grants when applicable.

Please note that the District of Columbia and some territories or tribal applicants may face a situation where there are not two distinct levels of leadership on the grant; that is, the government also serves as the locality (see instructions on choosing a locality in Section I-2). In such cases applicants may combine the activities described in the following sections in such a way that they address the functions described in I-2.2 and I-2.3 without creating duplicative efforts. For example, a tribal grantee may decide not to create separate Councils on Young Child Wellness for the tribal and local levels, combining the functions of these two councils. However, tribal applicants and the District of Columbia will still be required to have both a Young Child Wellness Expert and Local Child Wellness Coordinator who will work together to fulfill the leadership roles in the program and oversee programmatic and infrastructure improvement activities. Specific guidance for tribal applicants is included in I-2.2 and [Appendix M](#).

2.2 State/Territorial/Tribal Required Infrastructure Development (Up to 15 percent of total grant award.) Activities include the following:

- Designate a full-time person to lead the project at the state/territory/tribal level known as the Young Child Wellness Expert (YCWE).
- Co-lead agency (either Title V or lead children’s mental health agency at the state/territorial level) must designate a part-time person to serve as the Young Child Wellness Partner (YCWP).

Note: These two individuals will share responsibility for leadership of the Young Child Wellness Council, collaboration with other early childhood agencies, workforce development, strategic planning, and policy work. Fiscal management of the grant will be the ultimate responsibility of whichever agency is the grantee. (See [Appendix M](#) for required expertise and responsibilities for each position).

- Develop a memorandum of agreement (MOA) between the state/territorial Title V Agency and the state/territorial mental health agency primarily responsible for children’s mental health (to be submitted with the grant application in Attachment 5). The MOA must include a detailed description of how the two agencies will co-lead the grant and will work together to strengthen the linkages between children’s health and mental health, as well as other agencies and sectors serving young children and their families.
- Conduct an environmental scan in the first five months of the grant. The purpose of the environmental scan is to map out the systems and programs at the state/territory/tribal level (including federal and private grants) that serve children from birth to eight years of age and their families. The environmental scan will build upon the needs assessment data that is collected as part of the application process, and it will also be a key step towards the development of a comprehensive state/territorial/tribal strategic plan. Grantees are encouraged to build on existing scans, such as those completed by some states and territories through the ECCS initiative.
- Develop a strategic plan in the first seven months of the grant. If a state or territory has an existing ECCS plan in place, the applicant should build upon the ECCS plan to address the goals of Project LAUNCH.
- Establish a service system planning and oversight Young Child Wellness Council (State/Territorial/Tribal Council) including representation from the following:
 - Health (including representatives from the private sector),
 - Child Welfare,

- Medicaid,
- Substance Abuse Prevention,
- Early Childhood Education (Early Head Start, Head Start and Part C),
- Elementary Education,
- The Child Care Accrediting Agency,
- The Office of the Governor or Chief Executive of the State/Territory; and
- Families in the population of focus (grantees should have approximately 10 percent family representation on their Councils).

The State/Territorial/Tribal Young Child Wellness Council should include leadership from other early childhood initiatives and additional organizations as they see fit; for example, representatives from the justice system, substance abuse treatment, and family health care providers. The purpose of the Council is to:

- Bring together agencies and organizations at the state/territorial/tribal level to develop a shared vision and plan for ensuring the healthy development and wellness of young children;
- Implement workforce development activities that increase cross-disciplinary understanding of young child wellness at the state/territorial level through trainings for individuals/agencies in primary care, home visiting, child care, behavioral health, early childhood and elementary education, and other relevant child or family-serving sectors
- Initiate or join efforts to increase public awareness and knowledge of young child wellness, particularly among parents and caregivers
- Better integrate services and programs in order to ensure that resources are shared and used efficiently;
- Propose and initiate infrastructure reforms and policy improvements (such as data integration strategies or fiscal mapping that creates greater efficiencies);
- Work toward the sustainability and scalability of local Project LAUNCH activities.

The State/Territorial/Tribal Council may be integrated into an existing body of senior level officials whose primary function is oversight of young child wellness if representation from all of the above mentioned sectors is included. The Council may be a subcommittee or workgroup of an existing committee, and if you are a state or territory with an existing ECCS grant, these functions can be integrated into the ECCS coordinating council (as a whole, or as a subcommittee or workgroup). If an applicant's state has a Children's Cabinet or Council and/or an Early Childhood Advisory Council, they should inform these entities of the Project LAUNCH grant and coordinate activities where common priorities exist. Tribal Applicants should include the Indian Health Service.

The State/Territorial/Tribal Leadership (e.g., the YCWE and YCWP and the State/Territorial/Tribal Council) must provide guidance and oversight to the local community, ensuring that grant performance and reporting requirements are met. The State/Territorial/Tribal Leadership must work closely with the selected locality to ensure that planning and policy reforms at the state/territorial/tribal level are consistent with and supportive of the work at the local level. The YCWE and the YCWP are expected to provide guidance and technical assistance to the Local Child Wellness Coordinator (counterpart at the local level) and participate on the Local Council.

Grantees 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 ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

Over two million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

The Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified electronic health record (EHR) system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

In Section F: [Electronic Health Record Technology \(EHR\)](#), of the Project Narrative, applicants are asked either to:

- Indicate that this section is not-applicable if no clinical services will be provided through these grant funds;
- Identify the certified, EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in Attachment 6 of your application); *or*
- Describe your plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

For more information and resources on EHRs, see [Appendix K](#).

This activity is considered infrastructure development; not more than 15 percent of the total grant award may be used for infrastructure development activities.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) proposed number of individuals to be served by subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; (2) proposed quality improvement plan to decrease the differences in **access, service use, and outcomes** among those subpopulations; and (3) the quality improvement plan should include alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix J: Addressing Behavioral Health Disparities](#).)

2.2.1 Tribal Applicants

Because tribal areas vary greatly in terms of size, some tribal applicants may face a situation where the entire tribal area served is suitable as the locality for Project LAUNCH. In this case, the tribal applicant may choose to combine the tribal and local functions described in this application to avoid redundancy. In this situation the tribal applicant should provide a justification that demonstrates that the entire tribal area is suitable to serve as the locality for the project in Section A of the application. This justification should demonstrate that the chosen locality is served by a cohesive service system with a set of entities that represent the required membership of the Local Council on Young Child Wellness. If one or more of these entities does not exist in the area in question the tribe may describe how these roles will be filled by another entity (or entities) in Section C of the application.

The justification in Section A should also make the case that the chosen locality is suitable for the implementation of the Project LAUNCH framework, and that the area served is not so large in terms of population or geography that the project cannot make a significant impact on the local service system and children/families.

Tribes submitting this justification may combine the tribal and local levels in the way that best supports their project. For example a tribal applicant could have one combined Council on Young Child Wellness and undertake a single environmental scanning and comprehensive planning process. Please note that tribes choosing to combine tribal and local levels in their project must still devote at least a combined total of 1.5 FTEs to the Young Child Wellness Expert and Local Child Wellness Coordinator positions (All other grantees must devote one full FTE to each of these positions).

Tribes are encouraged to coordinate their grant activities with whatever entities can be helpful in building a successful service structure to promote young child wellness. However, Project LAUNCH does not require tribal applicants to partner with non-tribal state or local governments. As a result, the Tribal Council on Young Child Wellness does not have to include a state representative from Medicaid, but it should include a representative who can address issues related to Medicaid for the tribal community. The Tribal Council on Young Child Wellness should include representation from the Indian Health Service.

See [Appendix M](#) for additional tribal guidance.

2.3 State/Territorial/Tribal Local Community Infrastructure Development and Direct Services (At least 65 percent of total grant award)

Activities at the local level include infrastructure and direct services.

2.3.1 Infrastructure Development for Local Communities

Required local infrastructure activities include the following:

- Identification of a full-time Local Young Child Wellness Coordinator (Local Coordinator) to lead the project at the local level. (See [Appendix N](#) for required expertise and responsibilities for this position).
- Completion of a local-level environmental scan in the first five months of the grant in partnership with the Local Council.
- Development of a local-level strategic plan in the first seven months of the grant. This plan must link with the state/territorial/tribal strategic plan to support young child wellness. The strategic planning process is intended to be continuous over the course of the grant.

- Establishment of a local planning and oversight Council on Young Child Wellness (Local Council). The Local Council must include representatives from the following:
 - Health (including representatives from the private sector)
 - Mental Health
 - Child Welfare
 - Substance Abuse Prevention
 - Early Childhood Education and Local Education Agencies (e.g. Head Start, Early Head Start and Part C)
 - Families in the population of focus (grantees should have approximately 10 percent family representation on their Councils)

The Local Council may be integrated into an existing body whose primary function is young child wellness. Parents must play a critical role as participants in the development, planning, implementation and evaluation of the Project LAUNCH grant. The responsibilities of the Local Council will include assisting in the development of the local-level environmental scan and strategic plan; oversight of the development and implementation of services and activities; and participation in infrastructure reform, policy development, public education, and workforce development activities at the local level.

2.3.2 Direct Service Delivery

Applicants are expected to implement a range of evidence-based programs and practices to support young child wellness. The programs/practices to be implemented should enhance, improve and/or build upon existing services, or address gaps in services to young children and their families. Applicants are encouraged to select evidence-based programs or practices that meet the specific needs of their communities. The public health approach embraced by Project LAUNCH means that the population of focus includes all children from birth to age eight; however, Project LAUNCH funds should be spent primarily on promotion and prevention activities, *not* treatment for diagnosed behavioral health problems. Rather than providing mental health treatment, Project LAUNCH activities will likely include early screening and identification of problems and successful referral for in-depth assessment and/or treatment as needed.

Applicants must begin to implement prevention/promotion programs and practices no later than nine months after award. Implementation includes the hiring and training of staff and the initiation of services and/or program activities. Information about implementing evidence-based practices with fidelity can be accessed through the National Implementation Research Network ([Note: Please see <http://nirn.fmhi.usf.edu/default.cfm>]).

Applicants must implement practices in the following areas (also referred to as the Project LAUNCH Core Strategies):

- **Screening and assessment in a range of child-serving settings:** The goal of this strategy is to increase the use of validated screening instruments (with a particular emphasis on social and emotional functioning) to ensure that developmental issues or concerns are identified and addressed early. Screenings may be implemented in child care, primary care and/or home visiting programs through a coordinated system that leads to universal screening with minimum duplication across providers and coordinated care across providers. Although there is an emphasis on developmental screenings, screening for other behavioral health issues is also encouraged as relevant (e.g. depression screenings for parents of young children).
- **Integration of behavioral health into primary care settings:** The goal of this strategy is to increase the likelihood that issues related to young child wellness (particularly social and emotional issues) can be identified and appropriately addressed within the primary care setting. This goal can be achieved through increasing knowledge, changing practices, and integrating mental health and family support professionals into the primary care setting, as well as improving linkages and ongoing communication between primary care and other providers within the community.
- **Mental health consultation in early care and education:** The goal of this strategy is to ensure that child care and educational settings provide optimal learning environments for young children that lead to positive development across all domains, with a particular focus on social and emotional development. Mental health consultation can be at the program/school or classroom level to enhance provider/teacher knowledge and behavioral strategies or at the individual child and family level in order to facilitate appropriate assessment, intervention, and/or referral for behavioral health concerns.
- **Enhanced home visiting through increased focus on social and emotional well-being:** The goal of this strategy is to expand and enhance existing home visiting programs, with particular attention to increasing the focus on promoting healthy social and emotional development and behavioral health among children and families participating in home visiting programs. Grantees should not duplicate home visiting services being funded through other federal initiatives, but may expand or enhance the quality of care provided in existing programs through training, mental health consultation, and improved coordination.
- **Family strengthening and parent skills training:** The goal of this strategy is to help improve outcomes for young children by helping their parents to provide healthy, safe and secure family environments in which to learn and grow. Family

strengthening activities can range from broad-based parent education (e.g. workshops for parents) to more targeted and ongoing efforts such as parent support groups, preventive interventions, peer-to-peer support, and parent leadership training.

2.4 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In [Section B](#) 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.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: Please see [Appendix F](#), Funding Restrictions, regarding allowable costs for EBPs]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix C](#) for additional information about using EBPs.

2.5 Data Collection and Performance Measurement

Grantees are required to participate in all aspects of the Project LAUNCH evaluation, which includes three distinct and connected levels of data collection and assessment efforts (described below).

All SAMHSA grantees 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 ability to collect and report the required data in "[Section E: Data Collection and Performance Assessment and Data Measurement](#)" of your application.

This information is currently being gathered using the Transformation Accountability System (TRAC), which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions for completing it. Hard copies are available in the application packages available by calling the SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889.] However, applicants should be aware that the TRAC reporting system will migrate to the Common Data Platform (CDP) during the life of the grant.

Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry, fiscal and annual report generation is available.

Grantees will be required to report on the following performance measures:

- Number of people in the mental health and related workforce trained in specific mental health-related practices/activities specified within the grant.
- Number of organizations collaborating/coordinating/sharing resources with other targeted organizations (e.g. child-serving agencies and organizations).
- Number and percentage of work group/advisory group/council members who are consumers/family members.
- Number of people receiving evidence-based mental health-related services as a result of the grant.
- Number of individuals screened for mental health or related intervention.
- Number of individuals referred to mental health or related services.

The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs) which have been defined by SAMHSA as key priority areas relating to mental health. In addition to the NOMs, data collected by grantees 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, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

Grantee-Specific Evaluation

Grantees are expected to design and implement comprehensive evaluations of their Project LAUNCH programs. Grantee-level local evaluations should include process and outcome evaluation components. Grantees must describe the specific strategies that

they will use to implement the process and outcome evaluation. The process evaluation will assess the implementation of the five core strategies and systems change activities for local communities and states/tribes, including the fidelity of implementation of chosen practices and programs. The process evaluation should also include mechanisms for using data to make program improvements. The outcome evaluation will assess changes in four domains: systems, providers, parents/families, and children. Component of the evaluation should aim to demonstrate potential linkages between project activities and improved outcomes both at the state/territorial/tribal and local levels, as identified in the LAUNCH logic model.

The grantee must hire a Local Evaluator to provide leadership for the required evaluation components of the project. (See [Appendix N](#) for required expertise and responsibilities for this position).

Evaluation design components must link directly to the goals and objectives of the project, and the data that the grantee will collect should clearly support these ends. Specifically, grantees should:

- Describe the evaluation methodology in detail.
- Demonstrate the validity and usefulness of the data that they will collect
- Identify measures, measurement tools and instruments for proposed child, family, provider, and systems outcomes
- Discuss the analytic and technical approaches for the evaluation

At a minimum, grantees must include the following in their grantee-specific evaluations:

- Provider data (e.g. surveys of perceptions of implementation and coordination of Project LAUNCH services, workforce development outcomes, changes in knowledge, attitude and/or behavior)
- Parent and child data (e.g. demographic information; parent satisfaction with services received; changes in parent/child attachment, interactions, caregiver knowledge of child development, family environment, family functioning, parenting practices, and child school readiness/academic performance)
- Community partners/collaborators and council members data (domains such as perceptions of partner contributions, partnership functioning, partner roles within collaboration, frequency of partner interaction, information sharing, and shared outcomes)

Grantees are strongly encouraged to propose a community-wide population outcome study using existing data sets from national, state, or local data centers. Examples of data sets for potential use in designing a population outcome study include: community-level kindergarten readiness data, Data Resource Center for Child and Adolescent

Health, CDC's National Center for Health Statistics (NCHS), Community Health Status Indicators (CHSI), KIDS COUNT Data Center, Native Health Database, etc.

A grantee-specific evaluation plan is due eight months after award. Grantees must also submit an annual Evaluation Report with their End-of-Year Progress Report. A copy of the current Evaluation Plan suggested format/template is included in [Appendix L](#).

National Multi-Site Evaluation

All grantees are required to participate fully in the national multi-site evaluation (MSE) and will receive ongoing training on the evaluation protocols, including common data collection instruments and measures, data collection requirements and management and reporting procedures. All grantees will be expected to collect and report their own data to the MSE. All grantees will be required to enter data into the MSE web-based portal on a semi-annual basis, and will also participate in periodic telephone interviews and/or site-visits by the MSE team.

To the extent possible, GPRA measures have been aligned with measures in the cross-site evaluation to minimize duplication of effort in data collection and reporting. All attempts will be made to collect data in a streamlined and minimally burdensome manner.

TRIBAL APPLICANTS: SAMHSA acknowledges the sovereignty of Tribal Nations and will establish Data Use Agreements that clearly describe the conditions under which evaluators will share, use, and protect the data collected.

No more than 20 percent of the total grant award may be used for data collection, and evaluation, e.g., activities required in Section I-2.5 above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of four people to at least one joint grantee meeting each year of the grant. The required attendees are the State/Territory/Tribal Young Child Wellness Expert, Young Child Wellness Partner (states/territories only), Local Young Child Wellness Coordinator, and Evaluator. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees 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., area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$850,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the

availability of funds, grantee 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 2014 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

These awards will be made as cooperative agreements.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Comply with the terms of the Cooperative Agreement, including implementation activities described in the approved grant proposal and fulfillment of requirements described in the “Funding Opportunity Description” of the RFA.
- Grant recipients must agree to provide SAMHSA with all required performance data.
- Collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement.
- Submit all required forms, data and reports, in a timely fashion.
- Participate in grantee meetings.
- Grant recipients must also collaborate with the evaluation contractor to support the cross-site evaluation, with the technical assistance provider and other federally funded resources.

Role of SAMHSA Staff:

- Assume overall responsibility for monitoring the conduct and progress of the Project LAUNCH grant program.
- Participate as needed on policy, steering, advisory and other task forces for the grant program.
- Facilitate linkages to other SAMHSA/federal government resources and will help grantees access appropriate technical assistance.
- Monitor the development and collection of process and outcome measures; ensure compliance with GPRA data requirements.
- Promote collaboration between the Center for Mental Health Services and the Center for Substance Abuse Prevention and other Federal Partners.

- Participate in and provide support for a Federal Partners Young Children’s Collaborative with, at a minimum, the Health Resources and Services Administration (HRSA) the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC). This collaboration will work to facilitate program integration and linkages at the Federal level.
- Approve key staff responsible for the management, leadership, oversight and evaluation of the grants.
- Review and approve annual grant continuation reports, conduct site visits, and make recommendations to SAMHSA regarding the continuation of the project.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this program is limited to:

- State and territorial governments (Title V or lead Children’s Mental Health Agency); and
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations.

SAMHSA believes that state and territorial governments (Title V or Mental Health Agency), federally-recognized tribes and tribal organizations have the capacity to bring together child-serving organizations to develop policies, financial mechanisms and other reforms to improve the integration and efficiency of local child-serving systems.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/AN 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/AN in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. Consortia of tribes are expected to identify a lead applicant.

In an effort broaden the impact and increase the number of states, territories, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, current and previously-funded State and Tribal Project LAUNCH grantees are not eligible to apply.

The statutory authority for this program prohibits grants to for-profit agencies.

In an effort to increase the number of federally-recognized tribes receiving grant funds for this program, five points will be assigned to federally-recognized tribal applicants, see Evaluation Criteria – [Section F](#). Please see [Appendix M](#) for additional tribal guidance.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in [Section IV-2](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

3.2 Evidence of Experience and Credentials

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

The three requirements are:

- A provider organization for direct client mental health 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 abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each mental health/substance abuse 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 abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix D, Statement of Assurance.]

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse 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;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable 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 exist¹; and
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

¹ tribes and tribal organizations are exempt from these requirements.

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/apply.aspx>) to download the required documents you will need to apply for a SAMHSA grant.

Grants.gov

How to Download Forms from Grants.gov (see [Appendix B](#) for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

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. Under STEP 1, click on the red button labeled: 'Download a Grant Application Package'. Enter either the Funding Opportunity Number (SAMHSA's Funding Announcement #) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this RFA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print or save all of these forms. You can complete the forms for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information form– Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) form;
- Disclosure of Lobbying Activities; and
- Checklist.

Applications that do not include these required forms will be screened out and will not be reviewed.

SAMHSA's Grants Website

You will find additional materials you will need to complete your application on SAMHSA's website (<http://www.samhsa.gov/grants/apply.aspx>). These include:

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA.
- Assurances – Non-Construction Programs;
- Certifications;
- Pre-application Webinar Notification; and
- Charitable Choice Form SMA 170.

See [Section IV-1.1](#)-Assurances of this RFA 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.

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

1.1 Required Application Components

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of 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. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]**

- **Abstract** – 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.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix H of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through G. Sections A through G together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages. More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections H – J. There are no page limits for these sections, except for Section I, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 9** – 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 9. 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.
 - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse 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 direct service provider organizations; (4) the Statement of Assurance (provided in [Appendix D](#) 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 meet the 2-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 E](#) - Intergovernmental Review (E.O. 12372) Requirements of this document). (
- **Attachment 5:** Memorandum of Agreement with chosen locality (State/Territorial and Tribal applicants)
- **Attachment 6:** Memorandum of Agreement between the two lead agencies at the State/Territorial level (State/Territorial applicants only)
- **Attachment 7:** Letter of intent or MOA with required members of State/Territorial/Tribal/Family Organizations Local Councils on Young Child Wellness
- **Attachment 8:** Signed letters of intent from State/Territorial/Tribal and local family organizations
- **Attachment 9:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. 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.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

1.2 Application Formatting Requirements

Please refer to **Appendix A, Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications**, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on March 3, 2014.

Your application must be submitted through <http://www.Grants.gov>. Please refer to **Appendix B**, “Guidance for Electronic Submission of Applications.”

3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See **Appendix E** for additional information on these requirements as well as requirements for the Public Health Impact Statement.

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Project LAUNCH grant recipients must comply with the following funding restrictions:

- No more than 20 percent of the total grant award may be used for data collection and evaluation, including incentives for participating in the required data collection follow-up.
- Up to 15 percent of the total grant awards may be used at the state/territorial/tribal level.
- At least 65 percent must be used at the local community level.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

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-G below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-G.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-G) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of strategies to reduce disparities in access, service use, the Budget Justification and outcomes (including implementation of the CLAS standards) in each section of the Project Narrative, and will consider how well you address the evaluation criteria focusing on these subpopulation disparities when scoring your application. See Appendix J: Addressing Behavioral Health Disparities.
- The Supporting Documentation you provide in Sections H-J and Attachments 1-9 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (10 points)

- Provide a comprehensive demographic profile of your population of focus (local community) in terms of race, ethnicity, federally-recognized Tribes, if applicable, tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation and, gender identity) and other relevant factors, such as literacy.
- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data.
- Identify the local community to be served. Justify the selection of the community and population of focus. This justification should show that the chosen locality has a cohesive service system suitable for the LAUNCH model and that the area served is not so large in terms of population or geography that the project cannot make a significant impact on the local service system.

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.
- Describe the Evidence-Based Practices (EBP) that will be used in each of the five Project LAUNCH Core Strategy areas and justify their use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practices will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation and, gender identity); and disability. [See [Appendix C: Using Evidence-Based Practices \(EBPs\)](#).]
- Explain how your choice of these EBPs will help you achieve the goals of access/use/outcomes for service recipients, including subpopulation disparities, if any, and how they will be addressed.
- Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBPs.
- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.
- Describe current or proposed systems integration activities related to each of the 5 LAUNCH Core Strategies (state/local/tribal levels), and how your EBPs will build upon these existing efforts. Systems integration activities may include policy development, partnerships, blended funding streams and/or data systems that support coordination across multiple agencies and programs to improve outcomes for children 0-8 and their families.

Section C: Proposed Implementation Approach (25 points)

- Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations](#). Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 9 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.
- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreach, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how you will ensure the meaningful participation of families in assessing, planning, implementing, and evaluating your project.
- Describe how you intend to achieve at least 10 percent representation from family members/parents on each of your Councils. Include signed letters of intent from state/territorial/tribal and local organizations in Attachment 8 of your application.
- State/Territorial Applicants: Describe the partnership between the Young Child Wellness Expert and the Young Child Wellness Partner at the State/Territorial level. Include such factors as the frequency and strategies for communication, collaboration and joint leadership. Include a Memorandum of Agreement between the two lead agencies at the State/Territorial level (Title V agency and Mental Health agency primarily responsible for children's mental health) in **Attachment 6** of your application clearly delineating how these agencies will divide responsibilities and share leadership on the grant.
- Describe the proposed activities for infrastructure development at the State/Territorial/Tribal and local levels, including Council work, workforce development and public education activities.
- To demonstrate the commitment of the required members of the proposed state/territorial/tribal and local Councils on Young Child Wellness, include in **Attachment 7 of your application** a letter of intent or MOA with required partners. If one or more of these required partners do not exist at the state/territorial/tribal local level, then the applicant should provide a waiver in place of the MOA for that partner which confirms the absence of that partner at the state/territorial/tribal local level as well as a description of plans to address the issues which would have been addressed by that partner. If submitting

letters of intent instead of MOAs, applicants should describe their plans for obtaining MOAs in the first three months of the grant.

- Describe how the project components will build upon other the existing efforts serving families with young children and enhance the strength and breadth of these efforts. This should include discussion of relevant work being done as part of other federal initiatives as well as State/Territorial and Tribal programs. Examples include: other SAMHSA-funded grant programs (e.g. Children's Mental Health Initiative, SPF-SIG, Circles of Care), ECCS, Maternal and Infant Early Childhood Home Visiting and Tribal Home Visiting Initiatives, Race to the Top Early Learning Challenge grants, and Title V Maternal and Child Health Block Grants.
- State the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, and gender.
- Provide a logic model for the state/territorial/tribal level and one for the local level. Each logic model should demonstrate the linkage between resources, proposed approach (including infrastructure-related activities and proposed evidence-based programs/practices) and desired outcomes.

Section D: Staff and Organizational Experience (10 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. (Key personnel for this grant include: Young Child Wellness Expert, YCW Partner – states only; Local Young Child Wellness Coordinator, and Evaluator). For state/territorial applicants, identify which agency at the state/territorial level has been designated as the applicant (Title V or Mental Health agency with primary responsibility for children's mental health) and describe this agency's expertise in the prevention of mental, emotional, and behavioral disorders among young children, promotion of young child wellness and healthy development; commitment to furthering the State/Territory's prevention and promotion framework and agenda; and the

agency's commitment to work closely with the State/Territory's ECCS Coordinator (where one exists) and build on the successes of the ECCS initiative and other established early childhood collaborations. Discuss how the Young Child Wellness Expert, Young Child Wellness Coordinator, and Young Child Wellness Partner (State/Territorial Applicants Only) have expertise in the public health model and early childhood mental health and development.

- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Section E: Data Collection and Performance Assessment and Data Measurement (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.5 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe the data -driven quality improvement process by which changes in sub-population disparities in access/use/outcomes will be tracked and, assessed, and reduced.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration, if any, of access/use/outcomes disparities of identified sup-populations. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisor bodies, and individuals who receive services from your program.
- Describe your plan for conducting the grantee-specific evaluation, including activities related to the process and outcome evaluation components of your grantee-specific evaluation at both the state/territorial/tribal and local levels. (See Appendix L for a copy of the current Evaluation Plan suggested format/template).
- Describe how the grantee-level evaluation will be used to assess the quality of implementation and ensure fidelity to selected evidence-based programs and practices at the local level for each of the five (5) core strategies.
- Describe your plan for conducting the local evaluation as specified in I-2.5 of this RFA. Demonstrate the capability of the evaluator and his/her organization to conduct a comprehensive evaluation of an initiative of this scope, including both process and outcomes components involving multiple settings.

Section F: Federally Recognized Tribes (5 points)

- In an effort to increase the number of federally-recognized Tribes competing for an award under this funding opportunity, applicants found on <http://www.loc.gov/catdir/cpsoc/biaind.pdf> will receive five points. All lead applicants must state in this section whether or not they meet the requirements for the five point preference. For Consortia applicants, a lead applicant must be a member of a federally-recognized Tribe. Based upon this statement, peer reviewers are instructed to enter 5 points or zero points.

Section G: Electronic Health Record (EHR) Technology (5 points)

If no clinical services will be provided through these grant funds indicate that this section is not-applicable to your proposed project. (No points will be awarded for this section.)

- If you currently have an existing EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 6** of your application.
- If you, or the primary provider of clinical services, do not currently have an existing EHR system, describe your/their plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a timeline for implementation. Be sure to include these costs in your budget. Alternatively, if you/they have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a time line.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

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. Be sure to show that no more than [delete this 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.

Be sure to show that no more than: 15 percent of the total grant award will be used for infrastructure development at the state level, if necessary, and that no more than 20 percent of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix H](#), Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. [See Appendix B, Guidance for Electronic Submission of Applications.](#)

SUPPORTING DOCUMENTATION

Section H: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section I: Biographical Sketches and Job Descriptions.

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.
- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be two pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual. Reviewers will not consider information past page 2.
- Include job descriptions for key personnel. Job descriptions should be no longer than one page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in [Appendix G](#) of this document.

Section J: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section J of your application. See [Appendix I](#) for guidelines on these requirements.

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 Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site website (<http://www.samhsa.gov/grants/management.aspx>).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as 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.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.5](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/apply.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Jennifer A. Oppenheim, PsyD
Public Health Advisor
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 6-1132, Rockville, MD 20857
Ph: 240-276-1862
LAUNCH.rfa@SAMHSA.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

*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. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section IV-2 of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- 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.** (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix I of this announcement
 - Budgetary limitations as specified in Sections I, II, and IV-4 of this announcement

- Documentation of nonprofit status as required in the Checklist.
- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-1.1 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is 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/register.htm>.

You can find additional information on the registration process at <http://www.grants.gov/documents/19/18243/OrganizationRegChecklist.pdf>. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 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.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the 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.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your

application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-G) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections H-J) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-9) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

Other Grants.gov Requirements

Applicants are limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "Project LAUNCH, RFA # SM-14-004" in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based

practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>. SAMHSA has developed this website to provide a simple and direct connection to website with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of website with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices on the Web* also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see [Appendix F](#), Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – 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.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 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 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.² (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

² Tribes and tribal organizations are exempt from these requirements.

Signature of Authorized Representative

Date

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

States with SPOCs

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and 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. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-14-004. Change the zip code to 20850 if you are using another delivery service.

States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)³

³ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send

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.

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 can be found on SAMHSA's website at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-14-004. Change the zip code to **20850** if you are using another delivery service.

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.

comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

Appendix F – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable 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. However, SAMHSA

discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix G – Biographical Sketches and Job Descriptions

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
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

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

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

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

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) \$10,896

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$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
(2) Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			TOTAL	\$2,444

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

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

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

(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.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

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

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

FEDERAL REQUEST

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

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(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
			TOTAL	\$86,997

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

- (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) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

FEDERAL REQUEST

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
	TOTAL	\$15,815

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

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

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

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

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8 percent of personnel and fringe (.08 x \$63,661) \$5,093

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) \$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093

TOTAL: (sum of 6i and 6j)

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$177,806**

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

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
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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	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

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. [Note: Please see Appendix F, Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows that no more than 15 percent of the total grant award will be used for infrastructure development, if necessary, and no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment.

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	\$53,072

Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
Total Infrastructure Costs	\$6750	\$12,508	\$12,508	\$12,508	\$12,508	\$56,782

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,250	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
Data Collection & Performance Measurement	\$34,900	\$34,900	\$34,900	\$34,900	\$34,900	\$174,500

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

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees 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 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 Institutional Review Board (IRB) approval. While we encourage 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 substance abusers, 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., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. 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. In no case may the value if 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.

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, grantees 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 get 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 written 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 grantees 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. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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 grantees

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 ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.**” Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see “Sample Health Disparities Impact Statement” at the end of this appendix).

You also will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of 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 grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees 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, applicants 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), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language, and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

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>.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
<i>By Race/Ethnicity</i>					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
<i>By Gender</i>					
Female	192	48	48	48	48
Male	208	51	51	51	51

<i>By Sexual Orientation/Identity Status</i>					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10 percent from their baseline performance.

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.

Appendix L – Performance Assessment Plan Guidance

A suggested outline for your Grantee-Specific Performance Assessment Plan is provided below. You are not required to adhere to this format in creating your plan; however, in general, a well-conceived plan should lay out the steps leading from 1) the logic model to 2) the evaluation questions to 3) designs/plans to answer each question to 4) data collection and finally to 5) data analysis and reporting.

Plan Outline

Logic model

Please include a copy of your logic model linking your grant activities with indicators and anticipated outcomes. Your logic model should include specific measures and/or data sources that will be used to assess outcomes.

Note: The CDC Evaluation Working Group has compiled information on program evaluation including guidance on how to create a logic model. For more information please see: <http://www.cdc.gov/eval/resources.htm>

Evaluation questions

These should be questions which you will attempt to answer through your data collection efforts. The evaluation questions should clearly link to the logic model. That is, the evaluation questions should directly address what is happening at different stages in the logic model, moving from questions of implementation to short-term outcomes and longer-term outcomes. Evaluation questions should be inclusive of the major aspects of your project, including systems change efforts and implementation of services, and should relate to the desired outcomes for children, families, providers and systems.

Evaluation design for each question (e.g., case study, pre-post, post only, longitudinal/repeated measures)

Your design should include assessment of the two key facets of your project: (1) systems change activities and (2) services for children, families, and providers. For each of these two areas, your evaluation should include both implementation (or process) evaluation and outcome evaluation components. The questions listed in section C are intended as a guide to thinking about what you might include in each of these areas.

Assessment of Systems Change activities:

Implementation evaluation:

What will you do to assess the systems change activities that have been undertaken?

Will you be evaluating whether planned activities were actually implemented (and if not, what factors were involved)?

What will you do to assess the systems change activities that have been undertaken?

Will you be evaluating whether planned activities were actually implemented (and if not, what factors were involved)?

Outcome evaluation:

How will you assess the outcomes of these activities in terms of changes to the /tribal/local service system (e.g., in areas such as coordination, collaboration, access, how family-centered and culturally-competent services/systems are, etc.)?

Assessment of Program Services for Children, Families, and Providers:

Implementation evaluation:

How are you assessing the amount of services delivered and your success in reaching the population of focus?

How are you assessing fidelity of implementation of evidence-based practices? How will implementation and fidelity data be reported back to the program and used to inform quality improvement processes?

Are you assessing changes in the extent to which services are family-centered and/or culturally-competent?

Are you assessing the extent to which services address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?

How are you assessing the implementation of workforce development activities?

Outcome evaluation:

How are you assessing outcomes for services to children and families?

Describe any plans for conducting pre-post, quasi-experimental, or experimental design studies to evaluate outcomes for children/families in wellness promotion, prevention and/or treatment services. You are not required to conduct such studies, but are encouraged to do so, as resources permit, in order to be able to answer you own evaluation questions and demonstrate results to your local community/Tribe/. You may opt to evaluate a single component or two of your program that is of particular interest to your community (e.g., implementation of an EBP being adapted for your community). Please specify any design you will be using and the population to be included.

How are you assessing outcomes for providers? Please specify any design you will be using and the population to be included.

How are you assessing parent satisfaction with services?

How are you assessing outcomes for individual children and families? What individual factors were associated with outcomes, including race/ethnicity/gender?

How are you assessing community-wide outcomes? Describe any plans, including designs, for population studies based on extant data; describe indicators of child well-being that you will be using.

Note: one way of organizing the information in response to Section C is to use a table format such as the one shown in Example Table 1 below. Text should accompany the table as needed to answer the questions above.

Data collection plan

Note: One way of organizing the information in response to section D is to use a table format such as the one shown in Example Table 2 below.

Measures:

Please include description of measures related to each outcome of interest (e.g., self-ratings, ratings by program staff, direct assessments); if using a validated instrument, please identify by name. If you are unsure which measures you will be using, please list all those that you are considering.

Methods:

In this section, please briefly describe your plans for collecting the data on outcomes. This includes primary data collection methods and extraction of extant data. For primary data collection, indicate who is responsible for administering a survey or measure and the proposed schedule of data collection for each measure. This could include program staff and/or providers administering parent surveys and/or child and family assessments, having providers track services delivered, etc.

Data tracking system:

In this section, please briefly describe your plans for developing or using an existing data tracking system for the different types of data you will be collecting. This includes your grantee-specific evaluation data (such as pre-post measures on parents or children) as well as plans for collecting cross-site evaluation (CSE) data, SAMHSA-required data (GPRA/TRAC), Parent Survey data, and any additional data (including individual child/family/provider level data) that you will be collecting from LAUNCH partners/participants.

At a minimum, your data tracking system should include a mechanism for collecting data on services (and trainings) provided; it may also include a mechanism for entering data from Parent Surveys and other surveys, and any pre/post data that you collect.

What are your plans for developing a data management system to collect services data? To collect parent/child outcome data?

How will you collect data from agencies/programs/partners that are providing LAUNCH services?

Do you have any plans to integrate data systems with partner organizations?

Are any additional activities planned in these areas?

Analysis and reporting plan

For the evaluation questions you are addressing, please describe:

How will data be analyzed to address each evaluation question on implementation and outcomes?

Will these findings be shared with the program to guide program improvement?

How will findings be reported?

The two tables on the following pages are optional and may be used to summarize your evaluation design and data collection plans.

Example Table 1: Evaluation Questions, Designs to Address Them, and Relevant Outcomes

Component	Evaluation Question (#/question)	Design (pre-post, post-only, repeated measures)	Outcome(s)
State/Local Systems and System Changes	1		
	2		
Implementation of Services/Service Outcomes			
Outcomes for Families and Children			

Appendix M –Background Information for Tribal Applicants

SAMHSA is providing the following background information for tribal applicants to consider in developing their applications. Below are some suggested options/models of implementation of the Project LAUNCH framework.

The first option, the “single tiered model,” which may be more appropriate for geographically smaller tribes and single Native Alaskan villages. In this model, both infrastructure improvement activities and implementation of evidence based practices are designed for the entire tribal area. The tribal area selected for Project LAUNCH should be limited enough in terms of population and geography that the project can make a significant impact on the local service system and on the total population of young children and families in the community.

The second option is a “two tiered model,” which may be more appropriate for tribal nations with geographically expansive territories and Alaska Native Village Consortia with governance over multiple, distinct local villages or communities. In the two tiered model, activities occur at two levels: infrastructure improvement activities occur at the level of tribal or consortium governance; and the tribal or consortium leadership also identifies a smaller, more circumscribed area (e.g. a single Alaskan Village or a Tribal jurisdictional service area) which becomes the local “community” that serves as the site for local-level activities (including both infrastructure improvements and direct services). In this two tiered model, grantees develop a Young Child Wellness Council at the level of the larger tribe or consortium, as well as a Young Child Wellness Council at the local level. In the two tiered model there is a leader on the grant at both the tribal level (Young Child Wellness Expert) and the local level (Young Child Wellness Coordinator), and these two individuals work closely together throughout the life of the grant. The purpose of the two tiered model is to be able to make large, tribal-wide infrastructure improvements, while simultaneously implementing innovative evidence-based prevention and wellness promotion practices within a smaller community. The long term goal is for the successful practices and systems changes at the local level to be supported, sustained, and spread to other parts of the wider tribal nation or Consortium of Native Alaska villages over time.

Applicants choosing to implement a “two tiered” model should identify a locality to serve as the local community for the grant, e.g. a single Alaskan Village or a tribal jurisdictional service area. Applicants who choose the two tiered model should also include a Memorandum of Agreement between the applicant organization and the local community in **Attachment 5** of this application.

Activities within the local community will be led by the Young Child Wellness Coordinator. This person should have experience coordinating projects across local service systems and expertise in the field of child development and children’s mental health. This individual will oversee all local-level activities, including the work of the Local Young Child Wellness Council; partnerships with all local-level agencies and

subcontractors; oversight of program implementation, workforce development and social marketing activities; and performance reporting at the local level.

Applicants choosing the two tiered model may have two Young Child Wellness Councils (one at the Tribal level and the other in the local community), particularly if they are geographically distant. Grantees who choose the single tiered model may have only one Young Child Wellness Council.

Appendix N – Required Expertise and Responsibilities Project LAUNCH Applicants

Young Child Wellness Expert

This is a full-time position. The person hired for this position must have expertise in public health and early childhood mental health and development. This individual's main responsibilities include: co-leadership of the State/Territorial Council on Young Child Wellness and its activities (other co-chair must be the Young Child Wellness Partner); leadership in carrying out the state/territorial-level strategic plan to improve outcomes for young children through improved collaboration, integration, and infrastructure development; ongoing communication, technical assistance, guidance and oversight of the local level activities; and fiscal oversight of the grant at the State/Territorial and local levels. If the state/territory is unable to find a person with the requisite background for this position, they may request GPO approval to split the position between two individuals.

Young Child Wellness Partner

This is a part-time position. The person hired for this position must have expertise in public health and early childhood mental health and development. This individual's main responsibilities include (1) co-leadership of the State/Territorial Council on Young Child Wellness and its activities (other co-chair must be the Young Child Wellness Expert); (2) co-leadership, with the YCWE, in carrying out the State/Territorial-level strategic plan to improve outcomes for young children through improved collaboration, integration, and infrastructure development; and (3) working with the YCWE to provide technical assistance, guidance and oversight of the local level activities.

Young Child Wellness Coordinator

This is a full-time position. This person should have experience coordinating projects across local service systems and expertise in the field of child development and children's mental health. This person is expected to communicate regularly with the State/Territorial-level YCWE and YCWP, and participate on the State/Territorial Council on Young Child Wellness. The Local Coordinator is also responsible for oversight of all local-level activities, including the work of the Local Child Wellness Council; partnerships with all local-level agencies and subcontractors; oversight of program implementation, workforce development and social marketing activities; and performance reporting at the local level.

Local Evaluator

The person hired for this position should have expertise in planning and executing program evaluation in the area of public health and early childhood mental health and development in addition to expertise in quantitative and qualitative data collection methods. The evaluator's main responsibilities will include: (1) leadership in planning and developing the local evaluation plan (to include process and outcome components); (2) leadership in collecting, analyzing, and disseminating data; (3) participation in the

national cross-site evaluation, including training and technical assistance on common data elements, tools, and approaches; (4) providing ongoing evaluation technical assistance to service providers and the LAUNCH program team, as well as oversight of the local data collection activities; (5) sharing of data results and evaluation processes with the Young Child Wellness Expert, Young Child Wellness Partner (states/territories only) and Local Young Child Wellness Coordinator; and (6) reporting on the evaluation through annual technical reports, quarterly TRAC data entry, and monthly meetings and calls with SAMHSA project officers and the national cross-site evaluation team.