Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Cooperative Agreements to Benefit Homeless Individuals for States Supplement
(Short Title: CABHI-States Supplement)
(Initial Announcement)
Request for Applications (RFA) No. SM-14-012
Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

| Application Deadline | Applications are due by April 14, 2014. |
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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services announces the availability of funds to expand/enhance grant activities funded under the Cooperative Agreements to Benefit Homeless Individuals for States (TI-13-004) grant announcement.

The purpose of (FY 2013) CABHI-States, a jointly funded program by the Center for Substance Abuse Treatment and the Center for Mental Health Services, is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; CMHS-funded peer navigator(s); and other critical services to persons who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders. The purpose of this supplemental funding is to enhance mental health services that were minimally funded in FY 2013 and allow for focused service expansion to veterans. The funding for this supplement must be used for new activities and shouldn’t supplant funding received under the original grant. These funds are to be used to expand or enhance the scope of the project funded under the original grant.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Cooperative Agreements to Benefit Homeless Individuals for States Supplement</th>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>SM-14-012</td>
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<tr>
<td>Due Date for Applications:</td>
<td>April 14, 2014</td>
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<tr>
<td>Anticipated Total Available Funding:</td>
<td>$5,492,870</td>
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<tr>
<td>Estimated Number of Awards:</td>
<td>Up to 11</td>
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<tr>
<td>Estimated Award Amount:</td>
<td>Up to $499,351 per year</td>
</tr>
<tr>
<td>Cost Sharing/Match Required</td>
<td>No</td>
</tr>
<tr>
<td>[See Section III-2 of this RFA for cost sharing/match requirements.]</td>
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<tr>
<td>Length of Project Period:</td>
<td>Up to 2 years</td>
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<tr>
<td>Eligible Applicants:</td>
<td>FY 2013 CABHI-States grantees.</td>
</tr>
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<td>[See Section III-1 of this RFA for complete eligibility information.]</td>
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</table>
I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services announces the availability of funds to expand/enhance grant activities funded under the Cooperative Agreements to Benefit Homeless Individuals for States (TI-13-004) grant announcement.

The purpose of (FY 2013) CABHI-States, a jointly funded program by the Center for Substance Abuse Treatment and the Center for Mental Health Services, is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; CMHS-funded peer navigator(s); and other critical services to persons who experience chronic homelessness with substance use disorders or co-occurring substance use and mental disorders. These funds are to be used to expand or enhance the scope of the project funded under the original grant. The purpose of this supplemental funding is to enhance mental health services that were minimally funded in FY 2013 and allow for focused service expansion to veterans. The funding for this supplement must be used for new activities and shouldn’t supplant funding received under the original grant.

Grantees must expand mental health services and enhance capacity to serve the following:

- Veterans who experience homelessness with serious mental illness and/or co-occurring substance use and mental disorders.

- Veterans who experience chronic homelessness with serious mental illness and/or co-occurring substance use and mental disorders.

- Other individuals (non-veterans) who experience chronic homelessness with serious mental illness and/or co-occurring substance use disorders and serious mental disorders.

At a minimum the funds awarded will be used to conduct the following activities:

- Enhancement of the statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness. These responsibilities include but are not limited to: identifying service gaps, participating in infrastructure reform, policy development, involving individuals who experience chronic homelessness at the policy and practice level.
• Enhancing computer systems, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.

• Training/workforce development to help staff or other providers in the community identify serious mental illness and/or co-occurring substance use and mental disorders.

• Screening and assessment for the presence of serious mental illness and/or co-occurring substance use and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches.

• Outreach and direct treatment (including screening, assessment, and active treatment) for serious mental illness and/or co-occurring substance use and mental disorders. Collaborate and partner with other funding agencies that provide outreach and direct treatment (e.g., PATH, Shelter Plus Care providers and outreach workers).

• Assist clients in obtaining permanent housing.

• Case management or other strategies to link with and retain clients in housing and other necessary services, including but not limited to primary care services, and to coordinate these services with other services provided to the client.

• Organize and make available an array of integrated services and supports for individuals with serious mental illness and/or co-occurring substance use and mental disorders.

• Identification and referral of Medicaid-enrolled persons to primary care providers as needed.

• Assist providers (e.g., mental health providers, homeless service providers) seeking to become qualified Medicaid providers.

• Identification and provision of enrollment assistance to persons who are likely to need or be served by Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).

• Provide access to recovery support services designed to improve access to and retention in services and to continue treatment gains.

• Delivery of behavioral health, housing support, peer, and other recovery-oriented services not covered under a state’s Medicaid plan.
- Assist the state Medicaid eligibility agency in developing a streamlined application process for individuals who experience chronic homelessness and assist providers (e.g., mental health providers, homeless service providers) seeking to become qualified Medicaid providers.

- Where the state Medicaid agency is in the process of developing a single streamlined application, provide technical assistance regarding the needs and challenges for individuals who experience chronic homelessness.

Grant funds may not be used when individuals have access to other resources that cover the same services (e.g., HUD-Veterans Affairs Supportive Housing [VASH]). Grantees must use SAMSHA funds in a way that is complementary to Medicaid, HUD, VA and other benefits.

CABHI-States Supplement grants 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.

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

II. AWARD INFORMATION

1. AWARD AMOUNT

   It is expected that up to $5,492,870 will be available to fund up to 11 awards in FY 2014. Annual awards are expected to be up to $499,351 per year in total costs (direct and indirect) for up to 2 years.

   Proposed budgets cannot exceed the allowable amount $499,351 in any year of the supplement. 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.

2. FUNDING MECHANISM

   Awards will be made as cooperative agreements.

   **Cooperative Agreement**

   SAMHSA staff will have substantial involvement during the period of performance, including but not limited to: development of the program, oversight of the progress made on the proposed activities and results of those activities, monitoring of funds drawn and project deliverables, and timelines. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:
Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement award.
- Monitor and ensure that sub-awardees collect and report GPRA data; and agree to provide SAMHSA with the data required for GPRA.
- Implement and assess the program in full cooperation with SAMHSA staff members and contractors.
- Ensure that individuals served by the grant project experience chronic homelessness and are the most vulnerable and have the greatest need, in alignment with the goals of the program.
- Enhance the State Interagency Council on Homelessness to meet at least quarterly per year, co-led by the grantee and representative from the State Mental Health Authority (if applicable), to meet the goals outlined in this RFA.
- Submit the selection process for sub-awards for review and approval. Prior to awarding sub-awards, the grantee must submit, for each proposed sub-award, required documentation indicated in this RFA (e.g., availability of housing units, evidence of credentials) and receive approval of sub-award(s).
- Collect, evaluate, and report grantee infrastructure process and outcome data.
- Respond to requests for program-related data.
- Preparation of SAMHSA required reports.

Role of SAMHSA Staff:

- Reviews and approves the selection process for the grant’s sub-awards and reviews and approves awards;
- Work collaboratively with the grantee to adapt the statewide plan based on information gathered through the project;
- Participates on the State Interagency Council on Homelessness (for the purposes of this grant) and in the selection of members that will further enhance and develop the infrastructure, build capacity, and guide grant project implementation;
• Help to establish measures of cost effectiveness;

• Assist the grantee to meet quality improvement goals in an efficient manner;

• Provide advice and assistance in developing the performance assessment;

• Foster learning, collaboration and coordination with other SAMHSA-funded and HUD-funded activities. Examples include facilitating communication and connection with Continuums of Care, SAMHSA regional offices, HUD regional offices, Addiction Technology Transfer Centers (ATTCs); and HRSA resources; and

• Provide training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program in collaboration with SAMHSA technical assistance resources.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

Eligibility for this supplemental funding announcement is limited to the current FY 2013 CABHI-States grantees. CMHS is providing supplemental funding for this program in order to create a more comprehensive program that is consistent with the CABHI States model in order to better address the full range of individuals who experience chronic homelessness and have behavioral health issues, including those with only serious mental illness and homeless veterans.

SAMHSA believes that it is cost effective and efficient to limit eligibility to the current grantees because they already have the necessary infrastructure in place to immediately begin implementing activities under this supplemental funding announcement.

FY 2013 CABHI-States grantees would be in their second year of funding at the time of the receipt of FY 2014 grant funds. At this point, grantees would have hired program staff, begun to enhance or develop their statewide plans for system-wide short and long term support to the population of focus, begun the delivery of recovery-oriented services and begun efforts to assist the state Medicaid eligibility agency in developing a streamlined application process to assist the population of focus. Supplemental FY 2014 funds would enhance these efforts with a specific focus on the provision of mental health services to veterans who experience homelessness or chronic homelessness and non-veterans who experience chronic homelessness.

In 2010, the U.S. Interagency Council on Homelessness (USICH) approved Opening Doors, a Federal Strategic Plan to Prevent and End Homelessness. One of the goals of
this Strategic Plan is to achieve the goal of ending homelessness for veterans and chronic homelessness in general by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan. This program prioritizes veterans who experience homelessness or chronic homelessness and other individuals (non-veterans) who experience chronic homelessness with serious mental illness, substance use disorders or co-occurring substance use and mental disorders. On a single night in January 2013, there were an estimated 610,042 sheltered and unsheltered people who are homeless nationwide. Of those, approximately 109,132 were experiencing chronic homelessness and approximately 57,849 were identified as veterans experiencing homelessness. In an effort to efficiently and effectively impact the goals of the USICH Strategic Plan, it is vital to target states and communities.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

Additional Eligibility Requirements

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.

You must also comply with certain program requirements, such as provisions relating to participant protection and the protection of human subjects specified in Appendix H of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

You must go to both Grants.gov (http://www.Grant.gov) and the SAMHSA website (http://beta.samhsa.gov/grants/applying) 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 – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist.

You must use all of the above documents in completing your application.

**SAMHSA’s Grants Website**

You will find additional materials you will need to complete your application on SAMHSA’s website (http://beta.samhsa.gov/grants/applying). 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; 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 face 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](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.beta.samhsa.gov](https://www.beta.samhsa.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, reporting 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 E of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 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 E and F. There are page limits for Section E, Biographical Sketches/Job Descriptions, but there are no page limits for Section F, Confidentiality and SAMHSA Participant Protection/Human Subjects. 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 3** – In your application, include the attachments below. Use only the attachments listed below. Please label the attachments as: Attachment 1, Attachment 2, etc.
  
  - **Attachment 1**: 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 1.
  
  - **Attachment 2**: Sample Consent Forms

- **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.

- **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 face page (SF-424) of the application.

- You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and check the box marked ‘I Agree’ before signing the face 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 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**

Applications must comply with basic application requirements. Failure to comply with these requirements may affect the ability of your application to be funded. See Appendix A of this document for a list of the specific formatting requirements and screen-out criteria for SAMHSA grant applications.

2. **APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM (Eastern Time)** on April 14, 2014.


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](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)
- State, Local, and Indian Tribal Governments: 45 CFR Part 92

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in Appendix C.
V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.

Section A: Progress to Date (20 points)

Describe your organization’s experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

Section B: Proposed Approach for Program Expansion/Enhancement (35 points)

Describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the supplemental program. Clearly describe all activities that will be supported with the supplemental grant funds. Discuss how the supplemental activities will be integrated into the ongoing project. Describe roles and responsibilities of collaborating organizations, where applicable. Where applicable, provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served. Demonstrate how the proposed approach appropriately addresses factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender of the population. Provide the evidence base for any new services.

Section C: Implementation Plan and Staffing (30 points)

Present your plan for implementing and managing the supplemental activities. Include a timeline for implementation showing key activities, milestones and responsible staff. These key activities should include the requirements outlined in Section I. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

Section D: Evaluation (15 points)

Provide an updated evaluation plan that incorporates the new activities to be funded with the supplemental funds. Identify data that will be collected to provide regular
feedback to the project to determine if the goals of the supplemental program are being met. The evaluation should include both process and outcome requirements. Include copies of the instruments and/or protocols you will use in Attachment 1 of your application and copies of consent forms in Attachment 2.

Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing Government Performance and Results (GPRA) Modernization Act of 2010 activities. Remember to include evaluation and data collection costs in your requested budget.

(Note: If there is other information about your proposed project that you deem important to the application, discuss it in the appropriate section(s) above, while staying within the 25 page limit.)

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

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

An illustration of a budget and narrative justification is included in Appendix E, 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 E: 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 2 pages or less. Reviewers will not consider information past page 2.

- Information on what should be included in biographical sketches and job descriptions can be found in Appendix D of this document.
Section F: 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 F of your application. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of your application may result in the need to request additional information and may delay funding. See Appendix F 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 form 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 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:
  o actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  o requirements relating to additional data collection and reporting;
  o requirements relating to participation in a cross-site evaluation;
  o requirements to address problems identified in review of the application; or
  o 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

Grantees must comply with the reporting requirements listed on the SAMHSA website at http://beta.samhsa.gov/grants/applying. Specifically, grantees must report their expenditures under this CMHS supplement, to CABHI-States awards they received the prior year, in annual and final Federal Financial Reports (FFR or SF425) along with their CABHI-States expenditures. CMHS grant funds received under the supplement may only be used for new populations and activities.

Expenditures of CMHS supplement funding must be separately tracked in a formal accounting system and grantees must be able to differentiate the CMHS funds used for clients that only have mental health disorders and those funds used for overlapping purposes (e.g. infrastructure development, evaluation, screening and assessment, treatment and recovery supports for individuals diagnosed with co-occurring disorders). Based on this information, grantees must report in annual and final FFRs their total expenditures of CMHS supplement funding, expenditures for clients that only have mental health disorders, and expenditures for overlapping purposes.
VII. AGENCY CONTACTS

For questions about program issues contact:

Carl Yonder
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1026
Rockville, Maryland 20857
(240) 276-1916
Carl.Yonder@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Grants Management Specialist
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1412
Eileen.Bermudez@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. **Failure to adhere to these requirements may affect the ability of your application to be funded.**

- 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 F of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 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 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.beta.samhsa.gov](https://www.beta.samhsa.gov).


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 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: [http://www.grants.gov/web/grants/register.html](http://www.grants.gov/web/grants/register.html).
You can find additional information on the registration process at [http://www.grants.gov/documents/19/18243/OrganizationRegChecklist.pdf](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](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](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-D) 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 E-F) in this order and lettered consecutively.
- **Other Attachment File 2:** The second Other Attachment file will consist of the Attachments (Attachments 1-3) 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 now 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 _
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
• 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 “CABHI-States Supplement and RFA # SM-14-012” in item number 12 on the 
face 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:

- Face Page (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.
Appendix C – 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 D – 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 E – 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

The purpose of this supplemental funding is to enhance mental health services that were minimally funded in FY 2013 and allow for focused service expansion to veterans. The budget should reflect the supplemental funding only. The funding for this supplement must be used for new activities and shouldn’t supplant funding received under the original grant.

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

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

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**

<table>
<thead>
<tr>
<th>Component</th>
<th>Rate</th>
<th>Wage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>7.65%</td>
<td>$52,765</td>
<td>$4,037</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>2.5%</td>
<td>$52,765</td>
<td>$1,319</td>
</tr>
<tr>
<td>Insurance</td>
<td>10.5%</td>
<td>$52,765</td>
<td>$5,540</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Purpose of Travel</th>
<th>Location</th>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Grantee Conference</td>
<td>Washington, DC</td>
<td>Airfare</td>
<td>$200/flight x 2 persons</td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hotel</td>
<td>$180/night x 2 persons x 2 nights</td>
<td>$720</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Diem (meals and incidentals)</td>
<td>$46/day x 2 persons x 2 days</td>
<td>$184</td>
</tr>
<tr>
<td>(2) Local travel</td>
<td>Mileage</td>
<td>3,000 miles@.38/mile</td>
<td>$1,140</td>
<td></td>
</tr>
<tr>
<td>Purpose of Travel</td>
<td>Location</td>
<td>Item</td>
<td>Rate</td>
<td>Cost</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>------</td>
<td>---------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>$2,444</strong></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>General office supplies</td>
<td>$50/mo. x 12 mo.</td>
<td>$600</td>
</tr>
<tr>
<td>Postage</td>
<td>$37/mo. x 8 mo.</td>
<td>$296</td>
</tr>
<tr>
<td>Laptop Computer</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>Printer</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Projector</td>
<td>$900</td>
<td>$900</td>
</tr>
<tr>
<td>Copies</td>
<td>8000 copies x .10/copy</td>
<td>$800</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$3,796</strong></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Rate</th>
<th>Other</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) State Department of Human Services</td>
<td>Training</td>
<td>$250/individual x 3 staff</td>
<td>5 days</td>
<td>$750</td>
</tr>
<tr>
<td>(2) Treatment Services</td>
<td>1040 Clients</td>
<td>$27/client per year</td>
<td></td>
<td>$28,080</td>
</tr>
<tr>
<td>Name</td>
<td>Service</td>
<td>Rate</td>
<td>Other</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>(3) John Smith</td>
<td>Treatment Client Services</td>
<td>1FTE @ $27,000 + Fringe Benefits</td>
<td>*Travel at 3,124 @ .50 per mile = $1,562</td>
<td>$46,167</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Training course $175</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Supplies @ $47.54 x 12 months or $570</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Telephone @ $60 x 12 months = $720</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Indirect costs = $9,390 (negotiated with contractor)</td>
<td></td>
</tr>
<tr>
<td>(4) Jane Smith</td>
<td>Evaluator</td>
<td>$40 per hour x 225 hours</td>
<td>12 month period</td>
<td>$9,000</td>
</tr>
<tr>
<td>(5) To Be Announced</td>
<td>Marketing Coordinator</td>
<td>Annual salary of $30,000 x 10%</td>
<td></td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>level of effort</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>$86,997</strong></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Rent*</td>
<td>$15/sq.ft x 700 sq. feet</td>
<td>$10,500</td>
</tr>
<tr>
<td>(2) Telephone</td>
<td>$100/mo. x 12 mo.</td>
<td>$1,200</td>
</tr>
<tr>
<td>(3) Client Incentives</td>
<td>$10/client follow up x 278 clients</td>
<td>$2,780</td>
</tr>
<tr>
<td>(4) Brochures</td>
<td>.89/brochure X 1500 brochures</td>
<td>$1,335</td>
</tr>
</tbody>
</table>

**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 % 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: [https://rates.psc.gov/fms/dca/map1.html](https://rates.psc.gov/fms/dca/map1.html).

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

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

==================================================================

**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

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

**Proposed Project Period:**

a. Start Date: **09/30/2014**  
   b. End Date: **09/29/2015**

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2*</th>
<th>Year 3*</th>
<th>Year 4*</th>
<th>Year 5*</th>
<th>Total Project Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$52,765</td>
<td>$54,348</td>
<td>$55,978</td>
<td>$57,658</td>
<td>$59,387</td>
<td>$280,136</td>
</tr>
<tr>
<td>Fringe</td>
<td>$10,896</td>
<td>$11,223</td>
<td>$11,559</td>
<td>$11,906</td>
<td>$12,263</td>
<td>$57,847</td>
</tr>
<tr>
<td>Travel</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$12,220</td>
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<tr>
<td>Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supplies</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$18,980</td>
</tr>
<tr>
<td>Contractual</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$434,985</td>
</tr>
<tr>
<td>Other</td>
<td>$15,815</td>
<td>$13,752</td>
<td>$11,629</td>
<td>$9,440</td>
<td>$7,187</td>
<td>$57,823</td>
</tr>
<tr>
<td>Total Direct Charges</td>
<td>$172,713</td>
<td>$172,560</td>
<td>$172,403</td>
<td>$172,241</td>
<td>$172,074</td>
<td>$861,991</td>
</tr>
<tr>
<td>Indirect Charges</td>
<td>$5,093</td>
<td>$5,246</td>
<td>$5,403</td>
<td>$5,565</td>
<td>$5,732</td>
<td>$27,039</td>
</tr>
<tr>
<td>Total Project Costs</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$889,030</td>
</tr>
</tbody>
</table>

**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 C, Funding Restrictions, regarding allowable costs.]
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. 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 of an incentive paid for with SAMHSA discretionary grant funds exceed $30.

• State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

• Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

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

• Provide in Attachment 1, “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 2, “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://beta.samhsa.gov/grants/applying/reporting-requiremnts.

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.