

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

**Cooperative Agreements for Tribal Behavioral Health
(Short Title: Native Connections)**

(Initial Announcement.)

Request for Applications (RFA) No. SM-14-013

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

Key Dates:

Application Deadline	Applications are due by June 17, 2014
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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 Tribal Behavioral Health (Short Title: Native Connections) grants. The purpose of this program is to prevent and reduce suicidal behavior and substance abuse and promote mental health among American Indian/Alaska Native young people up to and including age 24.

Funding Opportunity Title:	Tribal Behavioral Health Grant (Short Title: Native Connections)
Funding Opportunity Number:	SM-14-013
Due Date for Applications:	June 17, 2014
Anticipated Total Available Funding:	\$4 million
Estimated Number of Awards:	20
Estimated Award Amount:	Up to \$200,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	American Indian/Alaska Native tribes, tribal organizations, and consortia of tribes or tribal organizations. [See <u>Section III-1</u> of this RFA for complete eligibility information.]

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 Tribal Behavioral Health (Short Title: Native Connections) grants. The purpose of this program is to prevent and reduce suicidal behavior and substance abuse and promote mental health among American Indian/Alaska Native young people up to and including age 24.

The goals of this program fall within two of SAMHSA's Strategic Initiatives: *Prevention of Substance Abuse and Mental Illness*, and *Trauma and Justice*. This program will help grantees reduce the impact of substance abuse, mental illness, and trauma on AI/AN communities through a public health approach. In addition, this grant will allow AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies.

Native Connections grants are authorized under 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 and Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

2.1 Grant Activities

Although each grantee's program will be different and reflect the needs, values, and culture of their community ("community" means tribe, village, tribal organization, or consortium of tribes or tribal organizations), all programs will have some common elements. Grantees must:

- Involve AI/AN community members in all grant activities, including planning and carrying out the plan. Community members must include—but need not be limited to—young people up to and including age 24, their families, tribal leaders, elders, and spiritual advisors.
- Assess community needs and strengths related to preventing and reducing suicides and substance abuse among tribal young people.
- Assess needs, identify gaps, and develop a plan that the tribe will pilot in subsequent years of the grant. If they have not done so in the 18 months before funding is awarded, grantees will be required to assess their community's behavioral health improvement readiness level using a Community Needs Assessment, a Community Readiness Assessment, and create a Community Resource/Asset Map. Information about the model and developing these plans

can be found at <http://www.nccr.colostate.edu>. In the case of a consortium or tribal organizations, each participating area will be required to conduct a Community Readiness Assessment as part of this grant program.

- Identify and connect the mental health and substance use organizations that exist in their community; identify the gaps; develop and pilot a plan to fill the gaps.
- Lead efforts to improve coordination among mental health, suicide prevention, and substance abuse prevention services for tribal young people and their families.
- Use strategies that have been shown to be effective or promising in Native communities, with the option of also using innovative activities that relate to the goal of reducing or preventing suicidal behaviors and substance abuse, and promoting mental health.
- Work with SAMHSA's Tribal Training and Technical Assistance Center, which will help grantees meet the goals of the grant and provide opportunities to learn with and from other tribes in this grant program.
- Work with SAMHSA's evaluation contractor to develop the infrastructure to collect surveillance data on suicide attempts, suicide deaths, underage drinking, etc.

Activities in Year 1

Grantees will work with their Government Project Officer (GPO) and Tribal Training and Technical Assistance Center to develop a plan to support the tribe's work. By the end of Year 1, grantees will have developed and submitted a written plan that they will pilot in subsequent years. This plan must be approved by the GPO before activities in Years 2-5 may begin. Examples of activities that grant funds can support in Year 1 include:

- Hiring staff.
- Developing a process and structure that involves the community in guiding all grant efforts, including planning, carrying out the plan, and evaluation.
- Conducting a Community Needs Assessment, a Community Readiness Assessment, and creating a Community Resource/Asset Map. Information about the model and developing these plans can be found at <http://www.nccr.colostate.edu>.
- Developing policies and procedures to promote coordination across youth-serving agencies. These may include:
 - Standards of care for suicidal young people;
 - Processes for helping young people transition into care and from one agency to another;

- The role of local traditional healing/helping practices in supporting suicide prevention among young people and their families;
- The role of western/clinical mental health practices in supporting suicide prevention among young people and their families.

Grantees will also be required to do the following in Year 1:

- Develop or revise protocols to ensure that youth who are at high risk for suicide, including those who attempt suicide, receive follow-up services to ease their transition into treatment.
- Develop or revise protocols for responding to suicides, suicide attempts, and clusters. Designed to promote community healing and reduce the possibility of contagion (suicides following and connected to an initial suicide), these “postvention” protocols will reflect the traditions and culture of the tribe, tribal organization, or consortium of tribes or tribal organizations.
- Work with their Government Project Officer and the Tribal Training and Technical Assistance Center to create their plan for Years 2 through 5. The GPO must approve this plan before Year 2 through 5 activities may begin.

Activities in Years 2 through 5

- Grantees will work with their Government Project Officer and the Tribal Training and Technical Assistance Center to implement the plan developed in Year 1.
- In their plans, grantees can include one, two, or three tiers of prevention strategies that were prioritized by their community during the planning process (“community” means your tribe, village, tribal organization, or consortium of tribes or tribal organizations).
 - **Universal strategies**, which focus on all young people through age 24, regardless of risk of suicide or substance abuse;
 - **Selective strategies**, which focus on subgroups of young people through age 24 for whom suicide or substance abuse is much higher than average; and
 - **Indicated strategies**, which are designed for young people through age 24 who are at high risk for suicide or substance abuse, who have already attempted suicide, or who are abusing substances.

Tier 1 – Universal Strategies: If the grantee prioritizes this tier, grant funds will be used for mental health promotion, suicide prevention, and/or substance abuse prevention strategies for all young people in the community or in settings such as schools or community centers. It is expected that cultural values and traditions will be a strong part of the strategies, since they can help protect people against mental health and substance use problems. Grantees will look at youth programming that already exists in their communities and consider integrating mental health promotion, suicide prevention, and substance use prevention activities into those programs.

Grant funds may be used to support, for example:

- Building mental health promotion, suicide prevention, and substance abuse prevention into existing programs in tribal communities that serve this population or, if these programs don't exist, creating new youth-serving programs that address these areas.
- Launching a new suicide prevention public awareness initiative (including social media outreach and awareness) that includes an action item (e.g., what to do if you are worried about a friend).
- Conducting community events to address historical trauma, begin collective conversations, and build consensus on solutions (e.g., Gathering of Native Americans/GONAs).
- Training and/or credentialing community members and service providers in suicide and substance use prevention.
- Conducting mental health promotion activities in universal settings such as schools.

Tier 2 – Selective Strategies: If the grantee prioritizes this tier, grant funds will ensure that at-risk young people up to and including age 24 are assessed for the presence of suicide and/or mental illness warning signs and substance use (including alcohol), and that they and their families (as appropriate) are connected to effective prevention activities, services, and interventions.

- Grantees must connect young people at high risk to appropriate crisis and care services.
- Grantees must collaborate with public and private partners across systems, including entities such as tribal education, juvenile justice, foster care, mental health, and substance abuse systems, to ensure effective communication and referral processes.

Tier 3 – Indicated Strategies: If the grantee prioritizes this tier, grant funds will ensure that young people, especially those who have attempted suicide and those who abuse substances, receive follow-up services to ensure effective care delivery and care transition, and effective response to subsequent needs, including recovery support services. For example, grantees may include efforts to reduce access to lethal means, such as weapons and medications, among tribal members with identified suicide risk.

In Years 2 through 5, grantees may select strategies that are evidence-based, practice-based and culturally-based, and shown effective or promising in Native communities. Such strategies can be found in SAMHSA's National Registry of Evidence-Based Practices and Programs (NREPP) <http://www.nrepp.samhsa.gov> and SPRC's Best Practice Registry <http://www.sprc.org/bpr>. In addition to programs from these registries, grantees may develop and implement innovative strategies that they can show relate to the goals of this grant.

Applicants are encouraged to address behavioral health disparities by promoting the implementation of strategies to decrease the differences in access, service use, and

outcomes among the populations served (see Appendix I: Addressing Behavioral Health Disparities for more information).

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data. You must document your ability to collect and report the required data in “[Section D: Data Collection and Performance Measurement](#)” of your application. In Year 1, grantees will be required to report on limited performance measures. This information will be reported using the Transformation Accountability (TRAC) system which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions. Grantees will work with their Government Project Officer on how to use the TRAC system and to understand how their activities will fall into these performance measures. These performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA’s budget request.

Examples of these measures include:

- The number of behavioral health policy changes or new policies created as a result of the grant.
- The number of organizations that will be collaborating and working together, as a result of the grant.
- The number of community organizations that regularly obtain, analyze, and use mental-health related data as a result of the grant.
- The number of individuals in the community contacted through program outreach efforts.
- The number of programs/organizations in your community that implemented specific mental-health related practices/activities, as a result of the grant.
- The number of youth age 10 through 24 who received follow-up care after a screening, referral, or attempt.
- The number of substance-related emergency room visits in your community.
- The rate of underage drinking in your community.

In Years 2 through 5, grantees will continue to report on the performance measures outlined above, as well as work with SAMHSA’s evaluation contractor to conduct an evaluability assessment. This assessment will include community member interviews, focus groups, and community surveys to determine:

- Whether the community has a well-defined intervention/program design, consistent implementation of program activities, reliable data systems and capacity to measure implementation and outcomes;
- Which sources of existing data are already available for population-level or community-level data;
- Where there is overlap in the available data sources in the community (an indication that inclusion in a national evaluation is possible);

- To what extent the project is successful in reaching intended health outcomes; and
- To what extent the program staff has the interest and capacity to participate in a formal evaluation.

These data collection activities will help tribes, tribal organizations, and/or consortia of tribes or tribal organizations develop their own tracking systems to follow up with high risk youth and increase their prevention capacity. This evaluation will be used to understand the impact of grant activities on their tribe in areas of substance abuse, suicides, suicide attempts, and substance abuse-related emergency department visits. The evaluation will also help the grantees use data on suicidal behavior and substance abuse to improve their own efforts and understand the extent of the problem in their tribes.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and use this information to assess their own progress and improve management of their grant activities. Grantees should use the assessment to find out:

- Whether they are reaching the goals they set for the grant.
- Whether the grant is having the impact they want it to have in their community.
- Whether Community Readiness scores are rising in key dimensions.
- Whether they need to make adjustments to their project.

Grantees will be required to report on their progress, challenges they've faced, and what they've done to overcome those challenges in a report that should be submitted at least two times per grant year. The grantee's SAMHSA Government Project Officer will work with them on the format of this report after the grant has been awarded.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to a grantee meeting in Years 1, 3, and 5 of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will share successes and challenges, learn from one another, and receive technical assistance to help them enhance their programs. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

For each year of the grant, your total proposed budget must be \$200,000 or less (direct and indirect costs). Whether you receive subsequent funding in Years 2

through 5 will depend on the availability of funds, your progress in meeting project goals and objectives, submission of required data and reports on time, and your compliance with all terms and conditions of the award.

These awards will be made as cooperative agreements.

Cooperative Agreement

For cooperative agreements, the SAMHSA Government Project Officer will work closely with the grantee throughout the grant period. The roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

The role of the grantee is to follow the terms of the award and all federal rules and regulations, and to do the following:

- Ask the Government Project Officer to approve the person you want to hire to fill a key staff position. Key positions include, but are not limited to, project director and evaluation director;
- Work with and follow guidance from SAMHSA staff on how to achieve the project's goals;
- Maintain regular and ongoing communication with SAMHSA, keeping federal program staff informed of emerging issues, developments, and problems. This includes participation in monthly status conference calls with the grantee's Government Project Officer;
- Include the Government Policy Officer on project, policy, steering, advisory or other task forces;
- Work with SAMHSA's Evaluation Contractor and with the Technical Assistance provider;
- Participate in data/program performance assessment efforts explained in Sections 1-2.2 and 2.3 of this RFA.

Role of SAMHSA Staff:

- Approve proposed key positions/personnel;
- Help link grantees to other SAMHSA/federal government resources and appropriate technical assistance;
- Host monthly status conference calls to receive regular updates on grant progress;
- Ensure that data and periodic status reporting from the grantee is complete and thorough;
- Ensure that the grant activities are responsive to the goals of this grant and to SAMHSA's mission;
- Help grantees work with other SAMHSA and federally funded health and behavioral health initiatives, including the Community Mental Health and the Substance Abuse Prevention and Treatment Block grant programs, the National

Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and the National Suicide Prevention Lifeline, as appropriate.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA is limiting eligibility to the following groups based on Congressional appropriations language, which directs SAMHSA to ensure that this grant program focuses on American Indian/Alaska Native (AI/AN) young people within “tribal entities with the highest rates of suicide per capita over the past 10 years.”

Eligible applicants must meet both of these criteria:

- Applicants must be a federally recognized AI/AN tribe or tribal organization, as defined in the Indian Self-Determination and Educational Assistance Act (USC 25, Chapter 14, Subchapter II, Section 450b).
 1. A “tribal organization” is the recognized body of an AI/AN tribe that exists to serve the tribal community and includes maximum participation of the AI/AN tribe in all phases of its activities. It is also a legally established organization that is controlled, sanctioned, or chartered by an AI/AN governing body, or that is democratically elected by the adult members of the AI/AN community that it serves.
 2. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval in writing. (Please include approvals in **Attachment 5**).
- From 2004 to 2013, applicants must have an average suicide rate among young people (age 10 through 24) that is equal to or greater than the national age-adjusted rate for AI/AN young people (13.88 per 100,000) for the period between 2004 and 2010. (Please see [Appendix G](#) for a worksheet with instructions for calculating this rate, as well as [Appendix H](#) for a Certificate of Eligibility, which must be signed to attest to the fact that the combined average rate meets this criterion. Please include the completed Certificate of Eligibility in **Attachment 1** of your proposal.) **Applications that do not include a completed Certificate of Eligibility will be screened out and will not be reviewed.**

A federally recognized tribe, tribal organization, or consortium may choose to contract with a public or private non-profit organization to develop and implement tribal-sponsored suicide prevention, substance use prevention, and mental health promotion services. The tribe, tribal organization, or consortium submitting the application is held responsible for all grant activities.

2. OTHER

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.

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://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 the 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.

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://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; and
- Certifications;

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:
 - Go to the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711.
 - To help the process move more quickly, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application.

You must also 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 may be up to 35 lines long. It should include the project name, project goals, how you plan to reach those goals (including the

names of any interventions you plan to use), and measurable objectives, including the number of young people to be served annually. If funded, the first five lines of your abstract may be used as a summary of your program 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 needed to review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through G. There are no page limits for these sections, except for Section F, 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 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1 and 3 combined. There are no page limitations for Attachment 2. 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*: Certificate of Eligibility that includes the combined average 10-year suicide rate among young people (ages 10 through 24) from all tribes that will participate in the proposed project. (**Applications that do not include a completed Certificate of Eligibility will be screened out and will not be reviewed.**) Letters of Commitment from any organization(s) participating in the proposed project.
 - *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:* Draft Community Crisis Protocols, Draft Follow-Up Protocols and/or Community Readiness Assessment Results
- *Attachment 5:* Acknowledgment of roles and responsibilities from each member of the consortium. The acknowledgment can be in the form of a letter, email, resolution, etc.
- **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 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 (your grant 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” (your application will be a ‘new’ application) and 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 June 17, 2014.

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

3. 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
- Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)

In addition, SAMHSA’s Native Connections grant recipients must comply with the following funding restriction:

No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses. Be sure to identify these expenses in your proposed budget.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative (Sections A-D) describes what you intend to do with your project. It will be reviewed and scored according to the quality of your response to the evaluation criteria outlined below. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

- Each Section has a maximum point value, which forms your final application score. Sections A-D may be up to (but no longer than) 25 pages.
- Please use the headings listed below to align with your response.
- The Budget Justification and Supporting Documentation you provide in Sections E-G and Attachments 1-4 are not scored but are important in assessing your overall response.

Section A: The History and Current Situation in Your Tribal Community (15 points)

- Please provide the 10-year average suicide rate among young people, age 10 through 24. (Please include the Certificate of Eligibility in **Attachment 1** of your application. **Applications that do not include a completed Certificate of Eligibility will be screened out and will not be reviewed.**)
- Starting in 2004 to the present time in your community/ies (“community” means your tribe, village, tribal organization, or consortium of tribes or tribal organizations) describe the impact of suicides and suicide attempts among young people, up to and including age 24. Indicate any group(s) of suicides or suicide attempts (or both) among young people that occurred close together in time and space (also known as “suicide clusters”). Indicate when they occurred and the effect on your community.
- Describe your community/ies, including race, ethnicity, religion/spirituality, gender (including two-spirit, if applicable), sexual orientation, age range, geographic location, language and disability. Include any historical context that is important for us to understand about the current status of your community/ies, for instance, relocation.
- Describe current suicide prevention, substance abuse prevention, and mental health promotion activities happening in your community/ies for young people up to and including age 24 and their families. Indicate which organizations/ entities are currently offering these activities and where the resources come from to support them.
- Describe the current service gaps, including disconnection between available services and unmet needs of tribal young people up to and including age 24 and their families.

Section B: Proposed Approach in Year 1 (35 points)

- Describe your community/ies’ vision for suicide prevention, substance abuse prevention and mental health promotion. Based on what you know now, for which prevention tiers (Tier 1: Universal; Tier 2: Selective; Tier 3: Indicated) do you expect to propose grant activities beyond Year 1? Please address the following:
 - What is your rationale for prioritizing this tier(s) in your community/ies?
 - What activities are currently taking place and to what extent in this tier(s)?
 - What are the current gaps, including disconnection between available services and unmet needs, in this tier(s)?

- How do you anticipate that addressing this tier(s) will help you meet your goals?
- What is the anticipated impact of adding programming in this tier(s)?
- If you are selecting only one or two tiers for your grant focus, please provide a rationale for not choosing to address all three tiers with these grant funds (for instance, existing resources in your community/ies are currently meeting prevention needs in that tier).
- Describe the activities you propose to undertake in Year 1 from the list of activities in Section I-2.1, *Activities in Year 1*, of this RFA.
 - Explain why you selected these activities and how you will implement them.
- Describe how you will approach the development or revision of your “postvention protocols” for responding to suicides, suicide attempts, and clusters. Describe how your postvention protocols will reflect the traditions and culture of the community/ies, while promoting community healing and reducing the possibility of contagion (suicides following and connected to an initial suicide).
- Describe how you will approach the development or revision of your “suicide attempt follow-up protocol” in Year 1. Describe how this protocol ensures that youth who are at high risk for suicide, including those who attempt suicide, receive follow-up services to ease their transition into treatment.
- Provide a chart or graph depicting a realistic time line for the Year 1 period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations \(Grant Activities\)](#). Include the timeline as part of this section rather than as an attachment.

Section C: Staff, Community Organization and Relevant Experience (20 points)

- Identify the department/division that will administer this project. Include a description of this entity, its function and its placement within an organizational chart. If the program is to be managed by a consortium or tribal organization, identify how the project office relates to member community/ies.
- Provide a list of staff positions for the project in Year 1, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Describe the experience of identified Year 1 staff in mental health promotion, suicide and substance abuse prevention work in community/ies.

Section D: Measures of Progress and Improvement (30 points)

- Describe the community/ies' current ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this RFA.
- Describe how information collected for this grant will be used to improve the project over time and assure that the goals and objectives will be tracked and achieved.
- Explain how information related to your project's process and outcomes will be routinely communicated to program staff, tribal/village leadership/councils, and stakeholders.
- Describe your plan for conducting the local performance assessment as specified in [Section I-2.3](#) of this RFA and describe your community/ies' current ability to conduct the assessment.

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

Although the budget for the proposed project is not a scored review criterion, the reviewers will consider the appropriateness of the budget alongside the Project Narrative (Sections A-D).

Please 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 grant expenses such as providing food during grantee trainings or program activities.

Be sure that no more than 20 percent of the total grant award is budgeted for data collection, performance measurement and performance assessment. 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: Literature Citations. Please list complete citations, including titles and all authors, for any literature, studies, published materials you cite in your application.

Section F: Biographical Sketches and Job Descriptions. Include position descriptions for the Project Director and all key personnel for Year 1. Position descriptions may be a single page each.

- For staff that has been identified to work on this grant, include a biographical sketch for the Project Director and other key positions. Each sketch must be 2 pages or less.
- Guidance for what to include in your biographical sketches and job descriptions can be found in Appendix D of this document.

Section G: 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 G of your application. See [Appendix F](#) for guidelines on these requirements.

Section H: Supporting Documentation. Explain where suicide prevention, substance abuse prevention, and mental health promotion fit into the current priorities of your tribal/village leadership/council. Indicate to what extent previous suicide prevention, substance abuse prevention, and mental health promotion activities were supported by tribal/village leadership/council in the past.

- If you have conducted a Community Readiness Assessment on suicide prevention, substance abuse prevention and/or mental health promotion in the past 18 months, please include it in this section.
- If you will be revising an existing/draft “postvention protocol” for responding to suicides, suicide attempts, and clusters, and/or your “suicide attempt follow-up protocol,” please include the existing draft(s) as part of this section.

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 Service’s 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 to receive services 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 NoA 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 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-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Michelle Carnes, Ph.D.
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1074
Rockville, Maryland 20857
(240) 276-1869
michelle.carnes@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 F 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 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/applicants/organization-registration.html>.

You can find additional information on the registration process at <http://www.grants.gov/web/grants/outreach/grantsgov-training.html>.

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-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-G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-4) 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 “Native Connections, **SM-14-013**” 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 – 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

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 arm’s 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: <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: Start Date: 09/30/2014 End Date: 09/29/2017

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 C](#), Funding Restrictions, regarding allowable costs.]

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

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	\$24,950	\$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 F – 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. 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, and 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 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, and 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://beta.samhsa.gov/grants/applying>.

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 G – Worksheet to Calculate Average Suicide Rate

Among AI/AN Young People, Ages 10 through 24 (2004 – 2013)

Eligibility Worksheet

In order to be eligible to apply for this Native Connections grant, you must have an average suicide rate among young people (age 10 through 24) from 2004 to 2013 that is equal to or greater than the national age-adjusted rate for American Indian/Alaska Native young people (13.88 per 100,000) for the period between 2004 and 2010.

For a tribal organization or a consortium that represents more than one tribe, the combined average suicide rate for all the tribes participating in the organization/consortium must be equal to or greater than 13.88 per 100,000.

You must use the formula below to calculate your average suicide rate, but you do not need to submit the worksheet with your application. If you are a tribal organization or consortium, you should complete a worksheet for each tribe/village that will be participating in grant activities.

You must include the Certificate of Eligibility (see Appendix H) in your application in **Attachment 1**, attesting that your tribe's suicide rate is equal to or greater than 13.88 per 100,000. A tribal organization or consortium that represents more than one tribe must list all participating tribes and attest that the combined average suicide rate of all participating tribes is equal to or greater than 13.88 per 100,000.

If the suicide rate for your tribe/village or the combined average suicide rate for all tribes participating in your consortium/organization is less than 13.88 per 100,000, then you are not eligible to apply for this grant and SAMHSA will not consider your application. **Applications that do not include a completed Certificate of Eligibility will be screened out and will not be reviewed.**

STEP 1. Use the table below to calculate the tribe/village's suicide rate of young people (ages 10 through 24) for each year.

	Column A	Column B	Column C	Column D
Year	Number of young people (ages 10 through 24)	Divide Column A by 100,000. Put the total here.	Number of young people (ages 10 through 24) who died by suicide	Divide Column C by Column B. This is the tribe/village's suicide rate for the year.
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				

STEP 2. Add all of the rates in Column D. Enter the sum here: _____

STEP 3. Divide the sum by 10. Enter the result here: _____. This is the average combined suicide rate (per 100,000 people) among your young people for the past 10 years (2004 – 2013).

STEP 4. Is your average combined suicide rate equal to or greater than 13.88 per 100,000?

Yes _____ No _____

If the answer is “yes” and you are applying as a single tribe (or tribal organization/consortium representing a single tribe), then your tribe/village meets this eligibility criterion to apply for this grant. Please complete

Appendix H and submit the Certificate of Eligibility with your application. If your answer is “no,” then your tribe/village is not eligible to apply for this grant and SAMHSA will not consider your application.

- STEP 5. If you are tribal organization or consortium that represents more than one tribe, the combined average suicide rate for the tribes participating in the consortium must be equal or greater than 13.88 per 100,000. **For example, if you are a consortium representing 3 tribes and they have a suicide rate of 10, 15, and 20, the combined average would be 15 for the consortium, and you would be eligible for this grant.**

Appendix H – Certificate of Eligibility

If the applicant is a single tribe/village or a tribal organization representing a single tribe/village, then you should only fill in one 10-year average combined rate (below). The tribe/village or tribal organization must have a rate that is equal to or greater than 13.88 per 100,000.

If the applicant is a tribal organization or a consortium that represents more than one tribe, then you must fill in one 10-year rate for each tribe/village that will be participating in the grant. (Attach additional sheets as needed.) The combined average suicide rate for the tribes participating in the organization/consortium must be equal to or greater than 13.88 per 100,000.

This Certificate must be signed by the Authorized Representative who signs the SF-424 application form.

Include the completed Certificate of Eligibility in Attachment 1 of your application. Applications that do not include a completed Certificate of Eligibility will be screened out and will not be reviewed.

For single tribe applicants: The rate of the tribe is equal to or greater than 13.88 (the national age-adjusted combined average rate for American Indian/Alaska Native young people between 2004 and 2010

The 10-year average rate for (Name of tribe) _____ is _____ per 100,000.

For a tribal consortium or organization representing multiple tribes: The combined average rate for the tribes participating in the consortium or organization is equal to or greater than 13.88 per 100,000.

The 10-year average rate for (Name of tribe) _____ is _____ per 100,000.

The 10-year average rate for (Name of tribe) _____ is _____ per 100,000.

The 10-year average rate for (Name of tribe) _____ is _____ per 100,000.

The 10-year average rate for (Name of tribe) _____ is _____ per 100,000.

The combined average rate for the tribes participating in the consortium/tribal organization is _____ per 100,000.

For each of the communities that will be participating in this grant, I attest that we calculated the average combined suicide rate among our young people (ages 10 through 24) for the period between 2004 and 2013 using the formula in Appendix G of the Native Connections RFA.

For single tribe applicants: The rate of the tribe is equal to or greater than 13.88 (the national age-adjusted combined average rate for American Indian/Alaska Native young people between 2004 and 2010). I understand that our tribe or tribal organization meets this eligibility criterion to apply for a Native Connections grant.

For a tribal consortium or organization representing multiple tribes: The combined average rate for the tribes participating in the consortium or organization is equal to or greater than 13.88 per 100,000. I understand that our tribal organization or consortium meets this eligibility criterion to apply for a Native Connections grant.

Name of Tribe/Tribal Organization/Consortium

Signed

Print Name

Title/Role

Appendix I – 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.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

PLEASE NOTE: The disparity impact statement is not a requirement for this grant program.

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.

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 (CLAS)

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>