

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

**PPHF-2014 Campus Suicide Prevention Grant (PPHF 2014)**

**Request for Applications (RFA) No. SM-14-014**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 27, 2014.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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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 PPHF-2014 Campus Suicide Prevention grants (PPHF-2014). The purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education. This program is designed to assist colleges and universities build a foundation for their efforts to prevent suicide attempts and completions and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts.

<b>Funding Opportunity Title:</b>	Campus Suicide Prevention Grants
<b>Funding Opportunity Number:</b>	SM-14-014
<b>Due Date for Applications:</b>	May 27, 2014
<b>Anticipated Total Available Funding:</b>	\$1,416,558
<b>Estimated Number of Awards:</b>	Approximately 14
<b>Estimated Award Amount:</b>	Up to \$102,000 per year
<b>Cost Sharing/Match Required</b>	Yes [See <u>Section III-2</u> of this RFA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligibility is limited to institutions of higher education that have not previously been awarded a Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply.  [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 PPHF-2014 Campus Suicide Prevention grants (PPHF-2014). The purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education. This program is designed to assist colleges and universities build a foundation for their efforts to prevent suicide attempts and completions and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts.

SAMHSA intends that these grants will assist colleges and universities to have a campus free from the tragedy of suicide which also supports the National Strategy for Suicide Prevention Objective 8.1 ([See www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf), page 53.)

The Campus Suicide Prevention grants support an array of campus activities to help grantees build a solid foundation for delivering and sustaining effective mental health and substance abuse prevention, treatment, and recovery support services. Grant funds cannot be used for direct clinical services.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The Campus Suicide Prevention grant closely aligns with SAMHSA's Prevention of Substance Abuse and Mental Illness Strategic Initiative as well as the expected impact on behavioral health disparities ([Appendix H: Addressing Behavioral Health Disparities](#)). More information is available at the SAMHSA website: <http://beta.samhsa.gov/about-us/strategic-initiatives>

The Campus Suicide Prevention Grant Program is authorized under the Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended) and is financed by the Prevention and Public Health Funds (PPHF-2014). This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## 2. EXPECTATIONS

Applicants must provide a coherent and detailed conceptual “roadmap” of the process by which they have assessed or intend to assess suicide prevention needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective prevention programs and services which support SAMHSA’s Prevention of Substance Abuse and Mental Illness Strategic Initiative.

The plan must also address the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to: lesbian, gay, bisexual, or transgender (LGBT), American Indian/Alaska Natives (AI/AN), military family members, and veterans.

In addition, applicants should incorporate goals and objectives from the National Strategy for Suicide Prevention (NSSP), that includes a comprehensive and data driven approach to suicide prevention, with the vision that one death is too many. Applicants must partner with other prevention and/or health/wellness related programs on campus and with the Garrett Lee Smith State and Tribal Youth Suicide Prevention grant, if applicable to their state.

As a result of the Garrett Lee Smith Campus Suicide Prevention grants, colleges, and universities will:

- increase the amount of training to students, faculty, and staff on suicide prevention and mental health promotion;
- increase collaboration among campus and community partners to deliver the message that suicide prevention is everyone's responsibility;
- increase the number of educational seminars and informational materials for students, faculty, staff, and family members on suicide prevention, identification and reduction of risk factors, such as depression and substance use/abuse;
- increase help-seeking among students and reduce negative attitudes for seeking care for mental and substance use disorders among students; and
- increase the promotion of the National Suicide Prevention Lifeline.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) identify subpopulations vulnerable to disparities (e.g., racial, ethnic and sexual minority groups) and how they will be engaged in infrastructure activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) propose a quality improvement plan to decrease the differences in access to, use and outcomes of these infrastructure activities among these subpopulations; and (3) the quality improvement plan should include an alignment with

the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix H: Addressing Behavioral Health Disparities.](#))

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

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

## **2.1 Required Activities**

Campus Suicide Prevention grant funds must be used for the following activities:

- 1) Develop training programs for students and campus personnel to respond effectively to students with mental and substance use disorders which can lead to suicide and suicide attempts. Examples of trainees to be targeted are campus health and mental health personnel and gatekeepers, such as residence hall

advisors, faculty, student government and student organizational leaders, the chaplainry, dean of students, student advisors, athletic coaches, and public safety personnel.

- 2) For colleges and universities that do not have comprehensive, campus-based behavioral health services, create a networking infrastructure to link the institution with health care providers from the broader community who can provide culturally and linguistically appropriate treatment and recovery support services. There are essential capacities that campuses must have in place -- crisis response protocol, information and referral to adequate on and off campus behavioral health services, and trained staff-- before adding new efforts. Campuses should be able to respond to student demand for services, so that demand does not outpace capacity. While Campus Suicide Prevention grant funds may be used to create the network, they may not be used to provide direct clinical services. The proposed networking infrastructure should include provisions for a crisis response plan (see [Appendix K](#), RFA Glossary), including response to suicide attempts or death by suicide.
- 3) Develop and implement educational seminars. Seminars may include, but are not limited to, provision of information on suicide prevention, identification, and reduction of risk factors, such as depression and substance abuse, promoting help seeking, and reducing the negative attitudes towards seeking care for mental and substance use disorders.
- 4) Create local college-based hotlines and/or promote linkage to the National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (see [Appendix K](#), RFA Glossary). The use of hotlines should be integrated into a crisis response plan.
- 5) Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help-seeking behavior, and reduce the negative attitudes towards seeking care for mental and substance use disorders. Grant funds may be used both to develop these materials and/or to purchase such materials from an organization that provides them.
- 6) Prepare or otherwise obtain educational materials for families of students to increase awareness of potential mental and substance use disorders among students enrolled at institution of higher education, including but not limited to suicide prevention, identification and reduction of risk factors, such as depression and substance abuse, the promotion of help-seeking behavior, and reducing the negative attitudes towards seeking care for mental and substance use disorders.

All educational seminars and informational materials should be linguistically appropriate for the specific population(s) and subpopulations of focus, (e.g., racial/ethnic minorities,

people with disabilities, the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to: lesbian, gay, bisexual, or transgender (LGBT), AI/AN, military family members, and veterans). Possible audiences include, but are not limited to: parents, spouses, friends, faculty, staff, fraternities/sororities, coaches, and students.

[Note: Since activities such as suicide prevention education and training may lead to the identification of individuals at immediate risk for suicide or suicide attempts, such activities must include plans for accessing emergency care for at-risk students.]

Grantees will be expected to work toward sustainability of the grant activities beyond available federal funding by ensuring that the program activities can be linked to broader campus-based issues (e.g., wellness and physical fitness campus standards), collaborating with partners within and outside of the campus community and engaging senior administrators on campus in program activities.

### **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in "[Section D: Data Collection and Performance Measurement](#)" of your application. Grantees will be required to report performance on the following performance measures:

Number of people in the mental health and related workforce trained in mental health-related practices/activities as a result of the grant.

- Number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- Number of individuals exposed to mental health awareness messages.
- Number of individuals who have received training in prevention or mental health promotion.

This information will be gathered using the Transformation Accountability System (TRAC), which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions for completing it. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the evaluation contractor. An explanation of the requirements of the cross-site evaluation can be found at: [http://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=201006-0930-002](http://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201006-0930-002) then click on View Supporting Statement and Other Documents. Applicants should be aware that the TRAC reporting system will migrate to the Common Data Platform (CDP) during the life of the grant.

The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health. The cross-site evaluation is being conducted under a separate SAMHSA contract. The initial evaluation design and approach for use with previously-funded cohorts was approved for implementation in May 2007. Participation in the cross-site evaluation is required. Data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities in the access to, use of prevention services and outcomes nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

## **2.4 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

### *Outcome Questions:*

- What was the effect of training on participants?
- What program/contextual/cultural factors were associated with outcomes?

### *Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?

- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

The performance assessment should be designed to provide regular feedback to the project that can translate into informed decision-making and ongoing project improvement. Applicants must submit any data collection instruments/interview protocols in Attachment 2, "Data Collection Instruments/Interview Protocols," of the application if they are available.

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-2.3 and 2.4 above.

## **2.5 Grantee Meetings**

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in the first and third year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

Proposed budgets cannot exceed \$102,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. This program is financed entirely with PPHF funds.

**Funding estimates for this announcement are based on potential funding from the Department of Health and Human Services' Prevention and Public Health Fund (PPHF).**

These awards will be made as grants.

## **III. ELIGIBILITY INFORMATION**

### **1. ELIGIBLE APPLICANTS**

Eligibility for SAMHSA's Campus Suicide Prevention Grant program is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including State universities, private four-year colleges and universities (including those with religious affiliations), Minority Serving Institutions of higher learning (i.e. Tribal colleges and universities, Historically Black Colleges and Universities or

Hispanic-serving institutions and Asian American Native American Pacific Islander Serving Institutions), and community colleges.

Entities that have previously been awarded a Garrett Lee Smith Campus Suicide Prevention Grant are not eligible. SAMHSA is limiting the eligibility to applicants who have not previously received an award in order to allow for a broader distribution of the limited funds across campuses and universities. Since the purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education, this program assists colleges and universities in preventing suicide attempts and completions. It also enhances services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them at risk for suicide and suicide attempts. These grants assist colleges and universities in having a campus free from the tragedy of suicide.

Such institutions may carry out the activities of this grant through for example, college health/wellness/counseling centers, college and university psychological services centers, mental/behavioral health centers, psychological training clinics, academic departments or institutions of higher education-supported, evidence-based mental health and substance abuse programs. The activities of this grant may be carried out with the engagement of student-run services such as student organizations and/or student government councils. If a consortium is formed to carry out the activities of this grant, a single institution in the consortium must be the legal applicant, the recipient of the award on behalf of the consortium, and the entity legally responsible for satisfying the grant requirements.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost Sharing/Matching Funds are required for this program. Grantees must provide matching funds from other nonfederal sources, either directly or through donations from public or private entities:

- You must provide a \$1 match for every \$1 of federal funds.

The non-federal share may be made in cash or in kind fairly evaluated, including planned equipment or services. Federal grant funds must be used for the new expenses of the program carried out by the grantee. That is, federal grant funds must be used to supplement, and not supplant, any funds available for carrying out existing college suicide prevention activities. Applicants must itemize the match separately in the budget worksheet and explain the match separately in the budget justification.

Matching funds or in-kind services/equipment does not have to directly fund the six “allowable activities” in [Section 2.1](#) of this RFA. However, if they fund other activities (e.g., data collection, website development), the activities must: 1) be clearly related to the allowable activities; and 2) directly support an enhancement or an improvement to the institution’s suicide-prevention activities.

The requirement of matching funds may be waived by SAMHSA if SAMHSA determines that extraordinary need at the institution justifies the waiver. If an applicant believes such an extraordinary need exists at their institution, a letter must be submitted with the application requesting the waiver and documenting the extraordinary need. Requesting a waiver of the cost sharing requirement will not affect the scoring of your application.

### **3. 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/appling>) 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/appling>). These include:

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

See [Section IV-1.1](#)-Assurances of this RFA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

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

#### **1.1 Required Application Components**

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711. To expedite

the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]**

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, 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 F of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E 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, 3 and

4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc:

- *Attachment 1:* Letters of Commitment and Support 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:* Letter to the SSA [if applicable; see [Appendix C](#) – Intergovernmental Review (E.O. 12372) Requirements of this document]
- *Attachment 5:* Your Institution’s Suicide Prevention and/or Crisis Response Plan, if these exist
- **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website at <http://beta.samhsa.gov/grants/applying/forms-resources>.
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

## 1.2 Application Formatting Requirements

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

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **May 27, 2014**.

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

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

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

## 4. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA’s Campus Suicide Prevention grant recipients must comply with the following funding restrictions:

- 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 D.**

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-G and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

## **Section A: Statement of Need (15 points)**

- Describe your institution of higher education. Provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, federally recognized tribe, language, age, socioeconomic status, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy. Describe the stakeholders and resources in the institution and community that can help implement the needed infrastructure development.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective mental health services by describing your current suicide prevention activities if any exist. If you have a suicide prevention and/or crisis response plan, include it in Attachment 5.
- Describe federal, state, local, private, and institutional resources currently available to address the behavioral health needs of the population of focus. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. To the extent possible, provide data on deaths by suicide and suicide attempts among students attending your institution of higher education over the past three years. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.
- Describe the service gaps, barriers, and other problems related to the need for infrastructure development for suicide prevention on your campus.
- Describe the institution's need for each of the six fundable activities identified in [Section I-2.1](#) of this RFA, as well as its current efforts to address those needs. You do not need to use grant funds to pay for all of the allowable activities. However, you do need to describe whether and/or how your campus is currently addressing each of those activities, and indicate which of those activities are proposed for funding under the Campus Suicide Prevention Grant program.

## **Section B: Proposed Approach (35 points)**

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Data Collection and Performance Measurement. Describe

how achievement of goals will increase system capacity to support effective mental health services.

- Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
- Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
- Provide a chart or graph depicting a realistic time line for the entire project period (3 years) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Describe how the proposed project will address the following issues in your catchment area:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation, gender identity; and
  - Disability.
- Describe how you will use the recently revised NSSP to drive program planning and how you will keep track of the goals and objectives of the NSSP that were met. ([www.store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS](http://www.store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS))
- Describe how the plan meets the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention including, but not limited to LGBT, AI/AN, military family members, and veterans.
- Describe the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain existing and/or proposed effective prevention programs and services which support SAMHSA's Prevention of Substance Abuse and Mental Illness Strategic initiative. If the counseling center lacks the capacity to meet increased demand that may result from this grant, outline the steps to be taken to increase capacity before beginning programming.

- Describe how the proposed project will promote culturally and linguistically appropriate help-seeking and enhance services for students with mental and substance use disorders on campus and how it fits into and advances your comprehensive suicide prevention strategy. Outreach strategies for promoting access to behavioral health services and reaching students who are most in need of those services should be considered.
- Provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant: infrastructure development, mental illness prevention and mental health promotion activities, data collection and performance measurement and assessment (no more than 20%), and grant administration.
- For each of the activities proposed for funding, describe the problem the activity aims to address, the goals or outcomes expected, and how the activities will be implemented to achieve the desired goals or outcomes. Discuss how achievement of goals will address: (1) the purpose of the Campus Suicide Prevention Grant program, as described in [Section I-1](#) of this RFA; and (2) the needs identified in Section A of your Project Narrative.
- Describe how existing suicide prevention efforts and the activities proposed for funding incorporate the strategic planning process referenced on the Suicide Prevention Resource Center website, Developing a Campus Program [www2.sprc.org/collegesanduniversities/developing-campus-program](http://www2.sprc.org/collegesanduniversities/developing-campus-program) and how you will partner with other prevention and/or health/wellness related programs on campus and with the Garrett Lee Smith State and Tribal grantees in your state.
- Describe all on and off-campus services, organizations, or providers that will participate in the proposed project, including their roles and responsibilities and their relevant experience (e.g., public/campus health, behavioral health, suicide prevention, and culturally appropriate/competent services). Demonstrate their commitment to the project. Include Letters of Commitment or Support in Attachment 1 of your application. Applicants must describe how they will partner with other prevention and/or health/wellness related programs on campus and with the Garrett Lee Smith State and Tribal grantee.
- Describe how members of the population(s) and subpopulations to receive services (e.g., students) were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.
- Describe the potential barriers to successfully conduct the proposed project and how you will overcome them.
- Describe how your activities will improve behavioral health prevention and promotion activities.

- Include a statement indicating your willingness to work collaboratively with the Suicide Prevention Resource Center and with the National Suicide Prevention Lifeline.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

### **Section C: Staff, Management, and Relevant Experience (20 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) and subpopulations to receive services and are familiar with their culture(s) and language(s).

### **Section D: Data Collection and Performance Measurement (30 points)**

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.3](#) of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.
- Describe your plan for conducting the local performance assessment as specified in [Section I-2.4](#) of this RFA and document your ability to conduct the assessment.

- Explicitly state your willingness to: (1) collaborate with the Suicide Prevention cross-site evaluation; (2) comply with all of CMHS' necessary GPRA requirements, including submitting your GPRA data via the Web-based Transformation Accountability system (TRAC); and (3) annually report the results of your local performance assessment.
- Describe how you will monitor deaths by suicide and suicide attempts and how you will use this information to further inform your suicide prevention efforts.

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

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. 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.) If legally permissible, other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Be sure to show that no more than 20 percent of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix F](#), 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. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**Section F: Biographical Sketches and Job Descriptions.**

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.
- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.

- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix E 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 G for guidelines on these requirements

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations 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-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/grants-management/reporting-requirements>. Recipients

are responsible for contacting their SAMHSA grant/program managers for any needed clarifications.

Responsibilities for Informing Sub-recipients:

- Recipients agree to separately identify to each sub-recipient and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2014 PPHF fund purposes, and amount of PPHF funds.
- Reporting Requirements under Section 218 in the LHHS Division of the Consolidated Appropriations Act, 2014.

This award requires the recipient to complete projects or activities which are funded under the 2014 PPHF and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Rosalyn Blogier, LCSW-C  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 6-1078  
Rockville, MD 20857  
(240) 276-1842  
[rosalyn.blogier@samhsa.hhs.gov](mailto:rosalyn.blogier@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](mailto: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 G](#) 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](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>. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

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

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

- By e-mail: [support@Grants.gov](mailto: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](mailto: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 1-5 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](mailto: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 “**Campus Suicide Prevention Grant, RFA# SM-14-014**” 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 – Intergovernmental Review (E.O. 12372) Requirements

### States with SPOCs

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-14-014. Change the zip code to 20850 if you are using another delivery service.

### States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)<sup>1</sup>

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<sup>1</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

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

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://beta.samhsa.gov/sites/default/files/ssadirectory.pd>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://beta.samhsa.gov/sites/default/files/ssadirectory-mh.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-14-014. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

## Appendix D – 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.
- 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.)
- 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.

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

# Appendix E – 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 F – Sample Budget and Justification (match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. 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. Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

**NON-FEDERAL MATCH**

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	7%	\$4,542
(2) Prevention Specialist	Sarah Smith	\$26,000	25%	\$6,500
(3) Peer Helper	Ron Jones	\$23,000	40%	\$9,200
(4) Clerical Support	Susan Johnson	\$13.38/hr x 100 hr.		\$1,338
			<b>TOTAL</b>	<b>\$21,580</b>

**JUSTIFICATION: Describe the role and responsibilities of each position.**

- The Project Director will provide daily oversight of grant and will be considered key staff.
- The Prevention development specialist will provide staffing support to the working council.
- The peer helper will be responsible for peer recruitment, coordination and support.
- The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6a of form SF424A) **\$21,580**

**B. Fringe Benefits:** List all components of 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
		<b>TOTAL</b>	<b>\$10,896</b>

**NON-FEDERAL MATCH**

Component	Rate	Wage	Cost
FICA	7.65%	\$21,580	\$1,651
Workers Compensation	2.5%	\$21,580	\$540
Insurance	10.5%	\$21,580	\$2,266
		<b>TOTAL</b>	<b>\$4,457</b>

**JUSTIFICATION:** Fringe reflects current rate for agency.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A)    **\$10,896**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6b of form SF424A)    **\$4,457**

**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
			<b>TOTAL</b>	<b>\$2,444</b>

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

- Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.
- 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 (POV) reimbursement rate. If policy does not have a rate use GSA.

**NON-FEDERAL MATCH**

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	\$150/flight x 2 persons	\$300
		Hotel	\$155/night x 2 persons x 2 nights	\$620
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	\$133
			<b>TOTAL</b>	<b>\$1,237</b>

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

- Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).
- Local travel rate is based on agency’s POV reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A)      **\$2,444**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6c of form SF424A)  
**\$1,237**

**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 SF424A) **\$0**

**NON-FEDERAL MATCH** – (enter in Section B column 2 line 6d of form SF424A) **\$0**

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

**FEDERAL REQUEST**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
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
	<b>TOTAL</b>	<b>\$3,796</b>

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

- Office supplies, copies and postage are needed for general operation of the project.
- The laptop computer is needed for both project work and presentations.
- The projector is needed for presentations and outreach workshops.

**All costs were based on retail values at the time the application was written.**

**NON-FEDERAL MATCH**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
General office supplies	\$50/mo. x 12 mo.	\$600
Bookcase	\$75	\$75
Digital camera	\$300	\$300
Fax machine	\$150	\$150
Computer	\$500	\$500

Item(s)	Rate	Cost
Postage	\$37/mo. x 4 mo	\$148
	<b>TOTAL</b>	<b>\$1,773</b>

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF424A) **\$3,796**

**NON-FEDERAL MATCH** - (enter in Section B column 2 line 6e of form SF424A) **\$1,773**

**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 NARRATIVE JUSTIFICATION. 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) Jane Doe (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 Doe	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
			<b>TOTAL</b>	<b>\$86,997</b>

**JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.**

- 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.
- Treatment services for clients to be served based on organizational history of expenses.
- Case manager is vital to client services related to the program and outcomes.
- Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation and is knowledgeable about the population of focus and will report GPRA data.
- Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, 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 SF424A) \$86,997**

**NON-FEDERAL MATCH (Consultant)**

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	\$43.00/hr. x 20 hrs./month x 12 months		\$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		\$675
			<b>TOTAL</b>	<b>\$11,051</b>

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

- Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.
- Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

**NON-FEDERAL MATCH (Contract)**

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ \$300 per year	\$15,000
	<b>TOTAL</b>	<b>\$15,000</b>

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

- West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is \$300/person.

**FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) \$86,997**

**NON-FEDERAL MATCH -(enter in Section B column 2 line 6f of form SF424A) \$26,051**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A 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
	<b>TOTAL</b>	<b>\$15,815</b>

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). 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, it may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

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

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

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

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

**NON-FEDERAL MATCH**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Space rental	\$75/event x 12 events/year	\$900
(2) Internet services	\$26/mo. x 12 mo.	\$312
(3) Student surveys	\$1/survey x 1583 surveys	\$1,583
(4) Brochures	.97/brochure x 1500 brochures	\$1,455
	<b>TOTAL</b>	<b>\$4,250</b>

**JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.**

- Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.
- The applying agency is donating the internet services for the full-time coordinator.
- The ABC Company is donating the cost of 1,583 for student surveys.

(5) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A) **\$15,815**

**NON-FEDERAL MATCH** - (enter in Section B column 2 line 6h of form SF424A) **\$4,250**

**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 SF424A)  
8% of personnel and fringe (.08 x \$63,661) **\$5,093**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6j of form SF424A)  
8% of personnel and fringe(.08 x \$26,037) **\$2,083**  
=====

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF424A) **\$172,713**

**NON-FEDERAL MATCH** -(enter in Section B column 2 line 6i of form SF424A) **\$59,348**

**INDIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF424A) **\$5,093**

**NON-FEDERAL MATCH** –(enter in Section B column 2 line 6j\* of form SF424A) **\$2,083**

**TOTALS :( sum of 6i and 6j)**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6k of form SF424A) **\$177,806**

**NON-FEDERAL MATCH**-(enter in Section B column 2 line 6k of form SF424A) **\$61,431**

=====

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

- Provide the total proposed Project Period Federal & Non-Federal funding as follows:
- Proposed Project Period: a. Start Date: 09/30/2014 b. End Date: 09/29/2017

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

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *
Personnel	\$52,765	\$21,580	\$54,348	\$1,338	\$55,978	\$40,000
Fringe	\$10,896	\$4,457	\$11,223	\$275	\$11,558	\$8,260
Travel	\$2,444	\$1,237	\$2,444	\$2,000	\$2,444	\$1,500
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$1,773	\$3,796	\$2,000	\$3,796	\$2,000

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *
Contractual	\$86,997	\$26,051	\$86,997	\$67,000	\$86,997	\$15,000
Other	\$15,815	\$4,250	\$13,752	\$52,387	\$11,629	\$5,786
Total Direct Charges	\$172,713	\$59,348	\$172,560	\$125,000	\$172,403	\$72,546
Indirect Charges	\$5,093	\$2,083	\$5,246	\$129	\$5,403	\$3,861
Total Project Costs	\$177,806	\$61,431	\$177,806	\$125,129	\$177,806	\$76,407

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$533,418**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6k of form SF424A) **\$262,967**

**\* 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 policies and procedures that state all employees within the organization will receive a COLA.

## **Appendix G – 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, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
  - Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.

The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

#### 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

#### **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://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](mailto: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 H – 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](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.

### **Definition of Health Disparities:**

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

### **Subpopulations**

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical

trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,  
<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

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

**Sample Health Disparities Impact Statement:**

1. Proposed number of individuals to be reached by subpopulations in the geographic area

**Access:** The numbers in the chart below reflect the proposed number of individuals to be reached during the grant period and all identified subpopulations in the geographic area. The disparate populations are highlighted in the narrative below.

	<b>FY 1</b>	<b>FY 2</b>	<b>FY 3</b>	<b>FY 4</b>	<b>Totals</b>
<b>Number to be reached</b>	200	175	100	125	600
<b><i>By Race/Ethnicity</i></b>					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
<b><i>By Gender</i></b>					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
<b><i>By Sexual Orientation/Identity Status</i></b>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends.

However, our agency has reached relatively low numbers of Salvadorans. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

## 2. A Quality Improvement Plan Using Our Data

**Use:** Activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, screening and outreach data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to be exposed to outreach activities. The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

**Outcomes** for all activities will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

## 3. Adherence to the CLAS Standards

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

### a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

### b. Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

Health literacy and other communication needs of all sub-populations identified in your proposal. All interventions will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide interventions that are culturally and linguistically appropriate.

## Appendix I – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

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

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

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

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

For questions on EHRs and HIT, contact:

[SAMHSA.HIT@samhsa.hhs.gov](mailto:SAMHSA.HIT@samhsa.hhs.gov).

## Appendix J – Background Information

According to the United States Department of Education, approximately 21.8 million students were enrolled in over 4,500 colleges and universities nationwide in 2013 <http://nces.ed.gov/fastfacts/display.asp?id=372>. In the 2012 National Survey of College Counseling, a startling 88 percent of directors reported an increase in the number of students they seen severe psychological problems <http://www.iacsinc.org/NSCCD%202012.pdf>. This is likely due in part to successes in the mental health system; that is, early diagnosis and improved treatment for children and adolescents enable more young people with pre-existing psychiatric disorders to pursue higher education now than was true in the past. This same survey also found that of the 106 student deaths by suicide in the past year, 21% were current or former center clients, thus encouraging the need for outreach to students, in general.

Furthermore, the American College Health Association's 2013 National College Health Assessment (NCHA), which surveyed 131,523 students in 172 institutions of higher education, found that, within the past year:

- 84 out of 100 students reported feeling overwhelmed by all they had to do;
- 31 out of 100 have felt so depressed it was difficult to function;
- 45 out of a 100 reported feeling hopeless; and
- 5.9 out of 100 had intentionally cut, burned, bruised or otherwise injured themselves. [http://www.acha-ncha.org/docs/ACHA-NCHA-II\\_ReferenceGroup\\_ExecutiveSummary\\_Spring2013.pdf](http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2013.pdf)

The 2013 NCHA further reported that among the participating institutions, 7.4 percent of the students had seriously considered suicide within the past year, and that 1.5% actually attempted suicide. That could mean that, out of the 21.8 million enrolled students, 315,000 attempt suicide every year, 16,250 every month, or 875 every day.

The complex problems of suicide and suicidal behaviors on campuses demand a multifaceted, collaborative, coordinated response. It cannot rely solely on campus counselors or community mental health centers. Where campus resources alone are insufficient to provide prevention, intervention, and treatment services, the planning process needs to include agencies and helping institutions from the broader community.

A comprehensive approach to suicide prevention on college and university campuses should employ multiple strategies targeted at both the general campus population and identifiable at-risk populations <http://profiles.nlm.nih.gov/ps/access/NNBBBH.pdf>.

Such a comprehensive approach will be more effective when it includes consistent and coordinated activities in all the social spheres in which the target audience (in this case, college students) live, study, work, and play. A comprehensive approach also needs to engage key players in the college community in a planning process that focuses on

assessment, design, implementation, and evaluation of suicide prevention activities. It should also promote help-seeking behavior among students, and avoid negative attitudes, or discouraging help-seeking behavior.

#### References and Other Useful Resources

American College Health Association. (2012). National College Health Assessment, Reference Group Executive Summary, Spring 2012. [http://www.acha-ncha.org/docs/ACHA-NCHA-II\\_ReferenceGroup\\_ExecutiveSummary\\_Spring2013.pdf](http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2013.pdf)

Gallagher, R. P. (Ed.). (2010). National Survey of Counseling Center Directors, 2010. Alexandria, VA: International Association of Counseling Services, Inc. <http://www.iacsinc.org/NSCCD%202012.pdf>

National Strategy for Suicide Prevention (NSSP): <http://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS>

Suicide Prevention Resource Center. (2004). Promoting Mental Health and Preventing Suicide In College and University Settings. Newton, MA: Education Development Center, Inc. [http://www.sprc.org/library/college\\_sp\\_whitepaper.pdf](http://www.sprc.org/library/college_sp_whitepaper.pdf)

The Jed Foundation. (2006). Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student. New York, NY: The Jed Foundation. <http://www.jedfoundation.org/professionals/programs-and-research/framework>

U.S. Public Health Service, The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: 1999. <http://profiles.nlm.nih.gov/ps/access/NNBBBH.pdf>

## Appendix K – RFA Glossary

**Cost Sharing or Matching:** Cost-sharing refers to the value of allowable non-federal contributions toward the allowable costs of a federal grant project or program. Such contributions may be cash or in-kind contributions. (See also “In-Kind Contribution” and “Non-Federal Match.”)

**Crisis Response Plan:** A crisis response plan is a document that describes an institution’s protocol or procedures for responding to a crisis on campus, such as a suicide attempt or death by suicide.

**Cross-site Evaluation:** The systematic collection of context, product, process, and impact information across Garrett Lee Smith Memorial Campus Suicide Prevention Program sites, which will inform SAMHSA regarding the magnitude, import, reach, and effectiveness of campus-based suicide prevention activities.

**Cultural Competence:** Cultural competence is a critical component of all SAMHSA grant programs. The guidelines on the following Web page can help ensure appropriate attention to cultural competence in planning programs:  
<http://beta.samhsa.gov/grants/appling>.

**Direct vs. Indirect Costs:** “Direct” costs are those incurred in implementing the grant project. Because direct costs can include both service delivery and program management components, they will include some administrative costs, such as salaries and benefits of program staff and managers, equipment, and training. “Indirect” costs are often called “overhead” and refer to administrative costs that cannot be assigned to specific projects, such as electricity and central administrative services. However, if there is no approved indirect cost rate agreement indirect costs cannot be changed to a federal grant.

**Gatekeepers:** Individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they can be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples of gatekeepers on campuses include, but are not limited to, resident advisors, faculty and staff, and campus police.

**In-Kind Contribution:** In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-federal sources, such as state or sub-state non-federal revenues, foundation grants, or contributions from other non-federal public or private entities. An example of an in-kind contribution would be a university’s cost for printing a suicide prevention brochure.

**Letter of Commitment:** A letter from a person who has not yet been hired for a specific grant position, expressing his/her intent to accept employment if the applicant receives a grant award.

**Minority Serving Institution:** A Department of Education-designated college or university such as a Historically Black College or University, a Hispanic-Serving Institution, a Tribal College or University, and a Asian and Native American Pacific Islander Serving Institution.

**National Suicide Prevention Lifeline:** The federally funded National Suicide Prevention Lifeline is a 24-hour, confidential suicide prevention hotline (1-800-273-TALK) available to anyone in suicidal crisis or emotional distress. Callers from anywhere in the United States can call a single toll-free number to be routed to the closest crisis center within the Lifeline's network of more than 150 certified local crisis centers that can link callers to local emergency, mental health, and social service resources. <http://www.suicidepreventionlifeline.org>

**Population of Focus:** The population of focus is the specific population of people whom a particular program or practice is designed to serve or reach.

**Stakeholder:** A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Suicide Prevention Plan:** A comprehensive suicide prevention plan employs multiple strategies targeted at both the general campus population and identifiable at-risk populations (Surgeon General of the United States, 1999). It includes consistent and coordinated activities in all the spheres in which the target audience lives, studies, works and plays. It engages key players in the college community in a strategic planning process that focuses on an assessment of campus needs and then on the design, implementation, and evaluation of suicide prevention activities. It promotes help-seeking behavior among students and avoids stigmatizing or discouraging help-seeking behavior.

**Suicide Prevention Resource Center (SPRC):** The purpose of SPRC is to provide prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions, and policies, and to establish public and private partnerships including the establishment and implementation of the National Action Alliance as a major support for the advancement of the National Strategy for Suicide Prevention (NSSP). The Suicide Prevention Resource Center is designed to be both a resource for the Nation, as well as a source of technical assistance and expertise for SAMHSA Suicide Prevention grantees. Further, suicide prevention efforts among high risk youth, suicide attempters, the growing elder populations, and those in despair due to economic concerns should be addressed, including use and analysis of "new media" technologies, tele-health, and improved culturally appropriate strategies.

**Sustainability:** Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.