

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

**Suicide Prevention Lifeline Crisis Center Follow-Up**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SM-16-006**

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

**PART 1: Programmatic Guidance**

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by February 11, 2016.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</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) 2016 Suicide Prevention Lifeline Crisis Center Follow-Up grants. The purpose of the National Suicide Prevention Lifeline Crisis Center Follow-Up program is to promote systematic follow-up of suicidal persons who call the National Suicide Prevention Lifeline (NSPL) network and those that are discharged from a participating emergency department.

<b>Funding Opportunity Title:</b>	Suicide Prevention Lifeline Crisis Center Follow-Up
<b>Funding Opportunity Number:</b>	SM-16-006
<b>Due Date for Applications:</b>	February 11, 2016
<b>Anticipated Total Available Funding:</b>	\$690,000
<b>Estimated Number of Awards:</b>	6
<b>Estimated Award Amount:</b>	Up to \$115,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligible applicants are members of the National Suicide Prevention Lifeline Crisis Center Network who provide 24-hour coverage.  [See <a href="#">Section III-1</a> of this FOA for complete eligibility information.]

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

## **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) 2016 Suicide Prevention Lifeline Crisis Center Follow-Up grants. The purpose of the National Suicide Prevention Lifeline Crisis Center Follow-Up program is to promote systematic follow-up of suicidal persons who call the National Suicide Prevention Lifeline (NSPL) network and those that are discharged from a partnering emergency department.

For those at imminent risk for suicide, emergency intervention is frequently initiated. Research findings from the Veterans Health Administration (VA) and surveillance data from the Centers for Disease Control and Prevention have demonstrated that the period after emergency interventions is one of heightened risk for suicide, with significant numbers of deaths occurring following discharge from either an emergency department or inpatient hospitalization.

The Crisis Centers will follow-up with any individual at imminent risk of suicide within 48-hours of discharge from a partnering emergency department or who was referred from a crisis center to a partnering emergency department.

This grant program continues to support SAMHSA's Prevention of Substance Abuse and Mental Illness Strategic Initiative through its focus on the prevention and reduction of mental illness and substance abuse across the lifespan, specifically around the reduction of suicide and suicidal behavior. This initiative supports implementation of the National Strategy for Suicide Prevention (NSSP), Goal 8, "Promote suicide prevention as a core component of health care services." Specifically, this FOA supports the following objectives of the NSSP:

- Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments.
- Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
- Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization, when appropriate, and to promote rapid follow up after discharge.

In FY 2015, on average, more than 120,000 calls were answered through the National Suicide Prevention Lifeline each month. SAMHSA-funded hotline evaluations have shown that large numbers of callers have significant histories of suicidal ideation and attempts and that 43 percent of suicidal callers experienced some recurrence of suicidal ideation within several weeks after the call.

The Suicide Prevention Lifeline Crisis Center Follow-Up program also seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

The Suicide Prevention Lifeline Crisis Center Follow-up is one of SAMHSA's services grant programs. SAMHSA intends for its services grants to result in the delivery of services as soon as possible after award. Service delivery should begin by the fourth month of the project at the latest.

Suicide Prevention Lifeline Crisis Center Follow-Up grants are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## **2. EXPECTATIONS**

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

- Providing outreach and other engagement strategies to increase participation in, and access to, treatment and prevention services to National Suicide Prevention Lifeline callers and from patients in participating emergency departments. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are treatment services available and your organization has the ability to connect individuals with those services.
- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.]

### **Required Activities:**

- Screen and assess for suicide risk and use the information obtained from the screening and assessment to develop appropriate referrals and safety plans consistent with the level of risk assessed.

- Enter into at least one formal agreement with an emergency department for the increased identification of individuals that are discharged and referred to a Crisis Center for follow-up. To demonstrate this partnership, the Crisis Centers must submit a letter of commitment from a partnering emergency department(s), which must be included in Attachment 1 of your application. This partnership must allow for required information sharing and data reporting between the Crisis Center and emergency department(s) through a formal contract for the required emergency department activities.
- Provide telephonic follow-up to National Suicide Prevention Lifeline callers who are referred to a partnering emergency department(s) due to suicide risk. Crisis Centers must work with a partnering emergency department(s) to ensure follow-up occurs with these callers within 24-48 hours post-discharge from the emergency department.
- Receive referrals and provide follow-up to individuals experiencing present or recent suicidal behavior or current suicidal ideation discharged from a partnering emergency department(s).
- The Crisis Center must actively participate in the SAMHSA-funded suicide prevention evaluation for the Crisis Center Follow-Up program.
- Referral and linkage to a publicly or privately funded community mental health system and document that referrals are accepted and linkages are successful.
- Screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate referrals for the persons identified as having such co-occurring disorders.
- Ensure the meaningful participation of suicide attempt survivors, consumers, clients, family members, youth, and people in recovery in assessing, planning, and implementing your project.
- Support a relationship with the local VA Medical Center Suicide Prevention Coordinator and coordinate activities with the National VA Crisis Line. This relationship will be expected to facilitate the referrals for those veterans who are eligible for and want to receive behavioral health services delivered by the VA. For veterans not willing or not eligible for VA care, the grantee will be expected to link the individual and/or his/her family members to community mental health services. The grantee will also be expected to address the behavioral health needs of military family members.

- Have the capacity to link diverse populations to community mental health resources that have the appropriate cultural and linguistic capacity (e.g., Indian Health Service facilities).
- Submit a detailed prioritization plan for instances where volume may preclude providing the service to all Lifeline suicidal callers at imminent danger and emergency department discharges. The plan must identify potential services and referrals to be provided to individuals unable to receive follow-up care. In addition, the plan must include proposed capacity of the project and steps for prioritizing who receives follow-up once capacity is reached.

**No less than 40 percent of the total grant award must be used through a formal contract to ensure partnering emergency department(s) complete required activities.**

The emergency department(s) required activities are as follows:

- Partnering emergency department(s) must have a point of contact, such as an Emergency Department Program Manager or designee.
- Emergency department(s) must have processes in place to identify and refer patients experiencing present or recent suicidal behavior or current suicidal ideation to the partnering Crisis Center.
- Emergency department(s) must provide referrals of individuals experiencing present or recent suicidal behavior or current suicidal ideation to the partnering Crisis Center; and provide relevant referral and clinical information to the partnering Crisis Center on patients referred.
- Emergency department(s) must actively participate in the SAMHSA-funded suicide prevention evaluation for the Crisis Center Follow-Up program by sharing requested patient information, as appropriate, with the evaluation team to identify patient outcomes and enhance the referral process.
- The emergency department(s) should use an electronic medical record (EMR) system, and have been using one for a period of 2-3 years prior to the collaboration start date.
- There should be continuity in EMR platforms for 2-3 years prior to the collaboration start date, *or* the emergency department(s) should have the capacity to query data from the previous EMR platform for a period of 2-3 years prior to the collaboration start date.

- The presence of suicidal ideation/behavior should be consistently coded in EMRs, and the distinction between suicidal ideation and suicidal behavior (attempt) should be consistently coded.
- The emergency department(s) must be able to refer, at a minimum, ten suicidal patients per month, or more, to the Crisis Center.

It is expected that the key staff will contribute to the programmatic development or execution of your project in a substantive, measurable way. The key staff for this program will be, at a minimum, the Project Director for the Crisis Center and an Emergency Department Program Manager or designee.

**Allowable Activities:**

- Provide follow-up to suicidal persons who access the National Suicide Prevention Crisis Center through other means, such as a Crisis Center’s other crisis lines or through chat or text.
- Provide follow-up to referrals from other acute services, such as mobile outreach or non-emergency department crisis beds. This should include suicidal callers initially assessed at imminent risk who are able to have their risk reduced without emergency department involvement.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix F – 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 of recovery 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 encourages its grantees to integrate the definition and principles of recovery into their programs to the greatest extent possible.

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA encourages its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

## **2.1 Using Evidence-Based Practices**

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In [Section B](#) of your project narrative, you will need to:

- Identify the EBPs you propose to implement for the specific population(s) of focus.
- If you are proposing to use more than one EBP, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

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

## **2.2 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 E: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures:

- Number of individuals in the mental health and related workforce (including emergency departments) trained in specific mental health-related practices/activities as a result of the grant.
- Number of individuals screened for mental health or related interventions.
- Number of individuals referred for follow-up by partnering emergency department(s).
- Number of individuals contacted through program outreach efforts.
- Total number of contacts made through the program outreach effort.
- Number of individuals referred to mental health or related services.
- Number and percentage of individuals receiving mental health or related services after referral.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov/>. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry, fiscal, and annual report generation will be available.

The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by grantees

will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

In addition to these measures, grantees will be expected to collect and report the following data: if you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting. SAMHSA also funds a cross-site evaluation for this program through a separate contract. Grantees will be required to collect and report data to the evaluation contractor.

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

### **2.3 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 also should be used 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 the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?
- How durable were the effects?
- What are the long term impacts on individuals participating in the program (six months, one year, etc.)?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to ensure that appropriate populations are being served and that disparities in services and outcomes are minimized.

*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 disparities in access, service use, and outcomes across subpopulations, including the use of the 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)?
- What strategies were used to maintain fidelity to the EBP or intervention across providers over time?
- How many individuals were reached through the program?

You will be required to report your performance assessment data annually.

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

#### **2.4 Infrastructure Development (maximum 15 percent of total grant award)**

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

- Developing partnerships with other service providers for service delivery.

- Adopting and/or enhancing your computer system, management information system (MIS), EHRs, etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

## 2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director and the Emergency Department Program Manager, or his/her designee) to one joint grantee meeting. For this grant cohort, a grantee meeting will likely be held in FY 2017. You must include a detailed budget and narrative for this travel in your budget. At this meeting, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$690,000

**Estimated Number of Awards:** 6

**Estimated Award Amount:** Up to \$115,000 per year

**Length of Project Period:** Up to 3 years

**Proposed budgets cannot exceed \$115,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2016 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.**

### Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project.

Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

The role of the grantee is to comply with the terms of the award and all cooperative agreement rules and regulations, and satisfactorily perform activities to achieve the goals described below:

- Consult with and accept guidance from SAMHSA staff on performance of activities to achieve goals of the cooperative agreement.
- Report aggregate data electronically on individuals receiving follow-up contact to SAMHSA monthly.
- Coordinate evaluation activities with designated staff from the NSPL and the Suicide Prevention Evaluation Contractor.
- Coordinate activities identified by SAMHSA with the NSPL's Veterans Initiative and the Spanish subnetwork.
- Participate in monthly grantee conference calls (both Crisis Center and emergency department(s) key staff) along with SAMHSA, the NSPL, and the Suicide Prevention Evaluation Contractor.

Role of SAMHSA Staff:

- Maintain overall responsibility for monitoring the implementation and progress of the National Suicide Prevention Lifeline Crisis Center Follow-Up program.
- Provide guidance and technical assistance on program design customization to address the unique needs of each Crisis Center and emergency department(s).
- Approve data collection plans in conjunction with SAMHSA data collection policies.
- Provide technical assistance on development, sustainability, and dissemination.
- Coordinate with other federal and SAMHSA-funded suicide prevention resources.
- Participate in monthly grantee conference calls along with the NSPL and the Suicide Prevention Evaluation Contractor.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Since the purpose of the National Suicide Prevention Lifeline Crisis Center Follow-Up program is to promote systematic follow-up of suicidal persons who call the NSPL network and those that are discharged from a partnering emergency department(s), SAMHSA is limiting eligibility to applicants that are members of the NSPL Crisis Center Network who provide 24-hour coverage and have an established partnership with an emergency department(s).

Crisis Centers that are members of the NSPL network have been specifically trained in the NSPL procedures for follow-up activities, imminent risk guidelines, and the NSPL risk assessment standards. They are also the only Crisis Centers that are able to obtain the required consents from Lifeline callers for follow-up activities. The limitations on eligibility are necessary to ensure that the infrastructure is in place to provide services to high-risk, high-priority, or underserved populations, and ensure relationships with state/local mental health systems are in place for Lifeline callers and individuals discharged from partnering emergency department(s) to receive follow-up and access to care within 48-hours of discharge.

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

Cost sharing/match is not required in this program.

#### **3. EVIDENCE OF EXPERIENCE AND CREDENTIALS**

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

The three requirements are:

- A provider organization for direct client mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least two years experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See [Appendix II](#), Statement of Assurance, in this document.]**

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that additional documentation (see [Appendix II](#), Statement of Assurance) be sent by email, or to verify that the documentation you submitted is complete.

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

## **IV. APPLICATION AND SUBMISSION INFORMATION**

**In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:**

### **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **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 IV](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix IV](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F and G. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART

II-IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **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:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations and emergency departments that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations and emergency departments (**Do not include any letters of support. Reviewers will not consider them if you do.**); (4) the Statement of Assurance (provided in [Appendix II](#) of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the two-year experience requirement; are appropriately licensed, accredited and certified; and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

- **Attachment 5:** A letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on February 11, 2016.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- No less than 40 percent of the total grant award must be used through a formal contract to ensure partnering emergency department(s) complete required activities.

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 PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information

included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

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

1. Identify your population(s) of focus. Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.
3. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.
4. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

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

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section E: Data Collection and Performance Measurement](#).

2. Describe the EBP(s) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.
3. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.
4. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.
5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.
6. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

### **Section C: Proposed Implementation Approach (30 points)**

1. Provide a chart or graph depicting a realistic timeline for the entire three years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
2. Describe how the key activities in your timeline will be implemented from both the Crisis Center and emergency department(s) perspective.
3. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
4. Describe how the proposed service(s) or practice(s) will be implemented utilizing the NSPL's Risk Assessment Standards and Guidelines for Responding to Callers at Imminent Risk, including a description how the proposed project will work with other acute or crisis intervention services as needed (e.g., other emergency departments, police, and mobile outreach services).

5. Describe the plan for follow-up of suicidal callers referred to partnering emergency department(s) ensuring follow-up occurs with these callers within 24-48 hours post discharge from the emergency department. The plan must include how referrals and follow-up to individuals experiencing present or recent suicidal behavior or current suicidal ideation discharge from partnering emergency department(s).
6. Discuss how emerging communication technologies such as texting or chat may be utilized to enhance follow-up activities.
7. Describe how you will identify, recruit, and retain individuals referred to the Crisis Center for follow-up. Discuss how the proposed approach to identify, recruit, and retain the population(s) of focus considers the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).
8. Identify all organization(s) outside of partnering emergency department(s) that will partner in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application.
9. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.
10. Provide a per-unit cost for this program. Justify that this per-unit cost is reasonable and will provide high quality services that are cost effective.

[NOTE: One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; and, 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved.]

11. Submit a detailed prioritization plan for instances where volume may preclude providing the service to all Lifeline suicidal callers at imminent danger and emergency department discharges. The plan must identify potential services and

referrals to be provided to individuals unable to receive follow-up care. In addition, the plan must include proposed capacity of project and steps for prioritizing who receives follow-up once capacity is reached. At a minimum, indicate the anticipated volume that can be handled. If not, what process will be implemented to address the demands?

#### **Section D: Staff and Organizational Experience (10 points)**

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
2. Discuss the capability and experience of the partnering emergency department(s) and other partnering organizations with similar projects and populations. Demonstrate that the partnering emergency department(s) and other organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus. If you are not partnering with any other organizations, indicate so in your response.
3. Provide a complete list of staff positions for the project, including the Crisis Center Project Director, emergency department(s) Program Manager or designee and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for all key staff.
4. Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.
5. Describe how you will ensure the input of suicide attempt survivors, consumers, clients, families, and people in recovery in assessing, planning, and implementing your project.

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

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this FOA.
2. Describe your specific plan for:
  - data collection,
  - management,

- analysis, and
- reporting.

The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the local performance assessment as specified in [Section I-2.3](#) of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix IV - Sample Budget and Justification](#) of this document. **It is highly recommended that you use the Sample Budget format in [Appendix IV](#). This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

**The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)**

## **SUPPORTING DOCUMENTATION**

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

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

### **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 III](#) of this document for guidelines on these requirements.

## **2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in [Section I-2.2](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be required to submit, at a minimum, monthly reports, quarterly reports, and annual reports.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act required the development and maintenance of an information system that contains specific information on the

integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from the Entity Management section of the SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPIIS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

James Wright, LCPC  
Suicide Prevention Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
Room 6-1002  
1 Choke Cherry Road  
Rockville, Maryland 20857  
(240) 276-1854  
[james.wright@samhsa.hhs.gov](mailto:james.wright@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  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

## Appendix I – Using Evidence-Based Practices (EBPs)

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

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

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

### **Resources for Evidence-Based Practices:**

You will find information on evidence-based practices at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

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

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix II – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]  
\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist.<sup>1</sup> (Official documentation is a copy of each service provider organization’s license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

## **Appendix III – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

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

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Fair Selection of Participants**

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

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

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

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

#### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, 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.

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 (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

## Appendix IV – Sample Budget and Justification (no match required)

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

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

### FEDERAL REQUEST

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

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

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

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

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

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

**FEDERAL REQUEST**

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

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

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

**C. Travel:** Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

**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.

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

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

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

**D. Equipment:** An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

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

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

**FEDERAL REQUEST**

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

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

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

**FEDERAL REQUEST**

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

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562  *Training course \$175  *Supplies @ \$47.54 x 12 months or \$570  *Telephone @ \$60 x 12 months = \$720  *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			<b>TOTAL</b>	<b>\$86,997</b>

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

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

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

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

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

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

**FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(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). Explain the use of each item requested.**

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

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

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

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

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

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

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

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

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

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**TOTAL DIRECT CHARGES:**

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

**INDIRECT CHARGES:**

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

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

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

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

**Proposed Project Period**

a. Start Date: 09/30/2012                      b. End Date: 09/29/2017

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

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

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

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

**2. \*FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization’s personnel policy and procedures that state all employees within the organization will receive a COLA.

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

**IN THIS SECTION**, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

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

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
<b>Total Infrastructure Costs</b>	<b>\$6750</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$12,508</b>	<b>\$56,782</b>

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