

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

Cooperative Agreements to Benefit Homeless Individuals

(Short Title: CABHI)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-16-007

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:

Application Deadline	Applications are due by March 15, 2016.
Intergovernmental Review (E.O. 12372)	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.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT), are accepting applications for fiscal year (FY) 2016 Cooperative Agreements to Benefit Homeless Individuals (CABHI) grants. The purpose of this jointly funded program is to enhance and/or expand the infrastructure and mental health and substance use treatment services of states and territories (hereafter referred to as “states”), local governments, and other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations (hereafter referred to as “communities”). CABHI grants will increase capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services for:

- Individuals who experience chronic homelessness and have substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders (CODs); and/or
- Veterans who experience homelessness or chronic homelessness and have SUD, SMI, or COD; and/or
- Families who experience homelessness with one or more family members that have SUD, SMI, or COD; and/or
- Youth who experience homelessness and have SUD, SMI, SED, or COD.

Funding Opportunity Title:	Cooperative Agreements to Benefit Homeless Individuals (CABHI)
Funding Opportunity Number:	SM-16-007
Due Date for Applications:	March 15, 2016
Anticipated Total Available Funding:	\$19.576 million (Up to \$9.776 million or 50 percent from CSAT’s Treatment Systems for Homeless and up to \$9.8 million or 50 percent from CMHS’s Homeless Prevention Program.)
Estimated Number of Awards:	Up to 30 awards

Estimated Award Amount:	Up to \$1.5 million per year for states and territories. Up to \$800,000 per year for local governments. Up to \$400,000 per year for other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations. Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if the applicant requests less than the maximum award amount.
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicants are either the State Mental Health Authority (SMHA) or Single State Agency (SSA) for Substance Abuse in partnership within states and territories;</p> <p>Local governments; and</p> <p>Other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations.</p> <p>[See <u>Section III-1</u> of this FOA for complete eligibility information.]</p>

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 (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT), are accepting applications for fiscal year (FY) 2016 Cooperative Agreements to Benefit Homeless Individuals (CABHI) grants. The purpose of this jointly funded program is to enhance and/or expand the infrastructure and mental health and substance use treatment services of states and territories (hereafter referred to as “states”), local governments, and other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations (hereafter referred to as “communities”). CABHI grants will increase capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services for:

- Individuals who experience chronic homelessness and have substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders (CODs); and/or
- Veterans who experience homelessness or chronic homelessness and have SUD, SMI, or COD; and/or
- Families who experience homelessness with one or more family members that have SUD, SMI, or COD; and/or
- Youth who experience homelessness and have SUD, SMI, SED, or COD.

Grantees are required to locate permanent housing for all individuals or families who experience chronic homelessness and veterans who experience homelessness or chronic homelessness served by the grant project. For families or youth experiencing homelessness, grantees are, at a minimum, required to link these populations to the U.S. Department of Housing and Urban Development (HUD) Coordinated Entry system, but are encouraged to permanently house these populations. Transitional housing is not permanent housing.

The CABHI grant program closely aligns with SAMHSA’s Strategic Initiative on Recovery Support. For more information on SAMHSA’s six strategic initiatives, you can visit <http://www.samhsa.gov/about-us/strategic-initiatives>. This 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.)

CABHI 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.

CABHI grants are authorized under Sections 506, 509, and 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and/or Substance Abuse Topic Area HP 2020-SA.

Definitions

For the purposes of this FOA, the term “behavioral health” refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health problems include substance use or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental and substance use disorders. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

States and territories are collectively referred to as “states” in this FOA.

Other domestic public and private nonprofit entities, federally recognized AI/AN tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations are collectively referred to as “communities” in this FOA.

“Mental and substance use disorders” are referred to throughout this document. This phrase is meant to be inclusive of mental disorders, SMIs, SEDs, SUDs, and CODs.

“Permanent housing” means community-based housing without a designated length of stay (e.g., no limit on the length of stay). Permanent housing shall be safe, affordable, and integrated in the community. It may include an apartment or single room occupancy in a building (congregate housing), rent-subsidized apartments, or houses in the open housing market (scattered housing), as well as designated units within privately owned buildings.

“Permanent supportive housing” refers to housing that is considered permanent (rather than temporary or short-term) and offers tenants a range of supportive services aimed at promoting recovery from mental and/or substance use disorders. There should not

be any arbitrary limits for the length of stay for the tenant as long as the tenant complies with the lease requirements (consistent with local landlord-tenant law).

“Homeless” as characterized under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and defined by the December 5, 2011, Final Rule: Defining “Homeless” (76 FR 75994), establishes four categories of homelessness. These categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution; (2) Individuals and families who will imminently lose their primary nighttime residence; (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

“Chronic homelessness” means:

- (1) A homeless individual with SUD, SMI, SED, or COD issues, who:
 - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

In addition, for the purposes of this FOA, the terms “homeless” and “chronic homelessness” also may include individuals who are “doubled-up” – defined as sharing another person’s dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

2. EXPECTATIONS

The goal of this program is to ensure, through planning and service delivery, that the population(s) of focus receives access to or placement in sustainable permanent housing, treatment, recovery supports, and Medicaid and other benefit programs.

To achieve this goal, SAMHSA will support three types of activities:

1. States: enhancement or development of a statewide plan to sustain partnerships across public health and housing systems that will result in short- and long-term strategies to support those experiencing homelessness who have behavioral health issues.

Local governments and communities: participation in state or community planning and activities related to short- and long-term strategies to support those experiencing homelessness who have behavioral health issues.

2. States, local governments, and communities: delivery of mental health and substance use treatment, housing support, and other recovery-oriented services.
3. States, local governments, and communities: engagement and enrollment of eligible individuals in health insurance and in Medicaid and other benefit programs (e.g., Supplemental Security Income Program (SSI)/Social Security Disability Insurance Program (SSDI), Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP)).

These cooperative agreements are designed to bring together stakeholders across the homeless service system to develop and/or enhance a State Interagency Council on Homelessness, Local Government Steering Committee, or Community Steering Committee to meet and monitor the goals outlined in the FOA. These are coordinated networks that may develop policies, expand workforce capacity, disseminate best practices, and implement mechanisms and other reforms to improve the integration and efficiency of recovery support systems for the population(s) of focus. Concurrently, direct services will be provided either directly by the grantee and/or through contractual agreements.

In cases where a state, local government, or community application is received from the same state and in the fundable range, SAMHSA will review the applications to ensure that a local government or community applicant(s) would not receive duplicate funding (as a sub-awardee to a state or local government, and directly as a recipient) to serve the same population of focus. In cases where duplication of the population of focus is identified in the same state, funding priority will be in the following order: state applicant; local government applicant, community applicant.

Although CSAT and CMHS funds are jointly funding a spectrum of infrastructure development, evaluation, screening and assessment, treatment, and recovery support services, **applicants must track and report the use of funds separately**. Regardless of the total amount of grant funding requested by the applicant, the total project costs in the proposed budget must reflect a split of 50 percent CSAT funds and 50 percent CMHS funds. Applicants must submit one budget that includes a column for CMHS-requested funds and a column for CSAT-requested funds. (See Appendix IV – Sample Budget and Justification).

CSAT and CMHS funds may be used for infrastructure development, evaluation, screening and assessment, treatment, and recovery support services for individuals with COD.

Only CMHS funds may be used to pay for treatment and recovery support services for individuals who have only SMI or SED. CMHS funds **may not** be used to pay for treatment and recovery support services for individuals with **only** a SUD.

Only CSAT funds may be used to pay for treatment and recovery support services for individuals who have only a SUD. CSAT funds **may not** be used to pay for treatment and recovery support services for individuals with **only** SMI or SED.

For FY 2016, there are three levels of funding:

1. States and territories are eligible to receive up to \$1.5 million per year – up to \$749,100 (50 percent) per year from CSAT and up to \$750,900 (50 percent) per year from CMHS;
2. Local governments are eligible to receive up to \$800,000 per year – up to \$399,520 (50 percent) per year from CSAT and up to \$400,480 (50 percent) per year from CMHS; and
3. Communities – other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations are eligible to receive up to \$400,000 per year – up to \$199,760 (50 percent) per year from CSAT and up to \$200,240 (50 percent) per year from CMHS.

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 the Project Director and Evaluator.

State Infrastructure Development

State grantees may use **up to 20 percent of the total grant award** for infrastructure development/improvements to provide effective, accessible treatment and recovery support services, and to create a more integrated and collaborative system of care for individuals and families experiencing homelessness who have behavioral health issues.

State applicants are **required** to include the following infrastructure activities:

- Establishing a State Interagency Council on Homelessness, co-led by the grantee and partnering behavioral health authority (SMHA or SSA for Substance Abuse), to meet and monitor the goals in the application and outlined in this FOA. In addition to the co-leads, members must be comprised of, at a minimum, representatives from the state Medicaid Agency; health department; veterans affairs; public housing authorities; service providers; Projects for Assistance in Transition from Homelessness (PATH) grantees; state SSI/SSDI Outreach, Access, and Recovery (SOAR); individuals who are homeless or have experienced homelessness and are recovering from SUD, SMI, or CODs; and the SAMHSA government project officer (GPO). Additional membership based on the goals, objectives, or specific population(s) of focus is encouraged (e.g., HUD's Continuum of Care [CoC] or Emergency Solutions Grant [ESG] recipients, criminal justice, State Health Information Technology [HIT] Coordinator). If a State Interagency Council on Homelessness exists, the grantee may use the existing Council if the membership requirements are met and if the Council agrees to focus a portion of activities on grant implementation. **Membership requires standardized signed contracts or signed Memoranda of Understanding (MOUs) except for the SAMHSA GPO. SAMHSA GPO participation is exclusively for grant project implementation.**
- The State Interagency Council on Homelessness should meet at least quarterly per year to: achieve and monitor the goals and objectives of the grant project's statewide plan; increase coordination with other entities engaged in planning the jurisdiction's response to homelessness (e.g., HUD's CoCs or ESG recipients, HUD CoC Coordinated Entry systems, active SAMHSA targeted homeless grants, those involved in implementing local plans to end homelessness, Public Housing Authorities); and ensure the provision of direct treatment and recovery support services to the population(s) of focus.

- Enhancement or development of a statewide plan to sustain partnerships across public health and housing systems that will result in short- and long-term strategies to support those experiencing homelessness who have behavioral health issues. These responsibilities include but are not limited to: identifying service gaps, participating in infrastructure reform, policy development, and involving individuals who experience homelessness at the policy and practice level. **Note: The draft statewide plan is due by the third month of the grant project.** Examples of activities that may be included in the plan are:
 - Develop and/or improve policies to create seamless coordination and delivery of services across multiple systems (e.g., benefit programs, behavioral health, primary care, housing). For example, collaborate with HUD's CoCs to enhance Coordinated Entry systems to meet the needs of the population(s) of focus, to improve access to services and housing, and to ensure the type and level of assistance provided to individuals and families is tailored to meet their specific needs.
 - Train community providers on behavioral health evidence-based practices (EBPs).
 - Identify and develop, through partnership with the state Medicaid eligibility/determination office, a process that accelerates and streamlines Medicaid enrollment for eligible individuals who experience homelessness.
 - Explore options for Medicaid provisions (e.g., Medicaid billable services) that are used to cover the various services needed for eligible individuals who experience homelessness.
 - Assist SUD treatment, mental health treatment, and homeless services providers in becoming Medicaid providers and developing Medicaid reimbursement mechanisms.
 - Identify, develop, and train staff on SOAR and create partnerships with the SSA offices to address seamless processing for SSI/SSDI applications.
 - Train case managers and other staff on required documentation for electronic health records (EHRs) and benefit programs.
 - Assess screening and assessment efforts related to behavioral health, ensuring that risk and protective factors are identified.

Local Government and Community Infrastructure Development

Local government and community grantees may use **up to 10 percent of the total grant award** for infrastructure development/improvements to provide effective, accessible treatment and recovery support services, and to create a more integrated and collaborative system of care for individuals and families experiencing homelessness who have behavioral health issues.

Local Government and Community applicants are **required** to include the following infrastructure activities:

- Establishing a steering committee to meet and monitor the goals outlined in the application and outlined in this FOA. Membership will be comprised of, at a minimum, local or regional representatives from SUD and mental health providers; health department; public housing authorities and/or housing providers; members of the population(s) of focus who are currently experiencing homelessness or have experienced homelessness; and the SAMHSA GPO. Additional membership based on the goals, objectives, or specific population(s) of focus is encouraged (e.g., criminal justice, veterans affairs, the local HUD CoC). **Membership requires standardized signed contracts or signed MOUs except for the SAMHSA GPO.**
 - The steering committee should meet at least quarterly per year to: achieve and monitor the goals and objectives of the grant project; increase coordination with other entities engaged in planning the jurisdiction's response to homelessness (e.g., HUD's CoCs or ESG recipients, HUD Coordinated Entry systems, active SAMHSA targeted homeless grants, those involved in implementing local plans to end homelessness, Public Housing Authorities); and ensure the provision of direct treatment and recovery support services to the population(s) of focus.

Allowable Activities:

In addition to required activities, other **allowable** infrastructure activities include the following types of activities:

States

- Assist providers in implementing HIT solutions to support effective coordination of care for the population(s) of focus. Activities could include supporting adoption and/or enhancement of a management information system (MIS), certified EHRs, telehealth systems, mobile apps, tablet-based delivery of assessments, and care coordination dashboards to document and manage delivery of services and enable integration and coordination with related support services.

States, Local Governments, and Communities

- Adopt and/or enhance computer systems, MIS, EHRs, etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help staff or other providers in the community identify mental health or substance use disorder issues or provide effective treatment or recovery support services consistent with the purpose of the grant.

Direct Services (States, Local Governments, and Communities)

Grantees must use **not less than 70 percent of the total grant award** for the provision of treatment and recovery support services for the population(s) of focus.

Services will be provided either directly by the grantee and/or through contractual agreements. Applicants must identify the organizations that will provide treatment and recovery support services to the population(s) of focus.

These entities may be, but are not limited to, the following: substance use or mental health treatment provider agencies, peer providers, health centers, housing entities, primary care, or other agencies that serve the population(s) of focus that can meet the requirements specified in this FOA.

Applicants must ensure that sites will have the capacity to serve the population(s) of focus and meet permanent housing requirements of the grant.

The applicant will determine the evidence-based screening, assessment, and treatment intervention(s) to be used. [Note: The grantee is responsible for overseeing all aspects of the EBP implementation, including but not limited to: training, certification, delivery, monitoring, and use of screening and assessment tools.]

Grantees must ensure that coordinated and integrated services provided to individuals served include the following **required** activities:

- Provide outreach and other engagement strategies for individuals served (including screening and assessment, for the presence of SUD, SMI, SED, or COD). Information obtained from the screening and assessment should be used to develop appropriate treatment approaches. If applicable, strategies that identify and engage youth and families in recovery efforts, including those focusing on Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth experiencing homelessness, and youth experiencing early on-set of SED/SMI.

- Grantees will be required to report aggregate diagnostic data utilizing the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders.
- Provide direct mental health and SUD treatment for the population(s) of focus. Treatment must be provided in outpatient, day treatment or intensive outpatient, or short-term residential programs. Short-term residential programs must be 90 days or less in duration and at a cost **no more than 6.5 percent of the total** annual award.
- Provide case management or other strategies to address behavioral health conditions and link with and retain individuals in housing and other necessary services. Engage and enroll the population(s) of focus into Medicaid and other benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).
- Provide trauma-informed services to include an emphasis on implementation of trauma-informed approaches in programs, services, and systems, including trauma-specific interventions that are designed to address the consequences of trauma in the individual and to facilitate healing. This may include assessment and interventions for emotional, sexual, and physical abuse.
- Provide individuals with peer recovery support specialist(s) to deliver recovery support services designed and delivered by people with lived experience in recovery from mental illness and/or SUD.
- Provide services that are delivered within a family-driven, youth-guided/directed framework and that engagement of family and youth is demonstrated through integral partners in their own treatment services and supports.
- Collaborations across agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings. Collaboration between child and adult serving agencies are critical when serving older youth who are transitioning to adulthood.
- Provide recovery support services designed to improve access to and retention in services and to continue treatment gains, which may include some or all of the following as appropriate for each individual served:
 - Vocational, child care, educational, and transportation services;
 - Independent living skills (e.g., budgeting and financial education);
 - Employment readiness, training, and placement;
 - Crisis care;

- Medication management;
 - Peer-led programs;
 - Discharge planning; and
 - Psychosocial rehabilitation.
- Locate permanent housing for all individuals or families who experience chronic homelessness and/or veterans who experience homelessness or chronic homelessness. For families or youth experiencing homelessness, grantees are, at a minimum, required to link these populations to HUD's Coordinated Entry system; but are encouraged to permanently house these populations. Grantees will be required to report housing status, type of housing placement, and linkages with HUD's Coordinated Entry system for individuals and families served.

SAMHSA grant funds may not be used to fund housing. The applicant must sign the Statement of Assurance (See [Appendix II - Statement of Assurance](#)) documenting the availability of permanent housing units that match the number of clients that require permanent housing as part of enrollment for each year of the grant and that the housing units qualify as permanent housing, as outlined in the FOA. The Statement of Assurance must be included in Attachment 1 of the application.

Following application review, if your application's score is within the funding range, the GPO will contact you to submit the following documentation within a specified timeframe:

1. For a HUD-funded applicant or provider, a copy of the current executed grant agreement or other documentation from HUD that includes permanent housing for the population(s) of focus (e.g., CoCs, ESG, Housing Opportunities for Persons with AIDS [HOPWA], HOME, or Community Development Block Grants [CDBG], Public and Indian Housing [PIH]); or

From a non-HUD-funded applicant, a letter from a comparable housing program funding source verifying a current, executed grant or contract agreement. The letter must include the following information:
 - a. Brief summary describing the funding source, including any funding requirements and/or restrictions, and
 - b. Amount of funding provided per year for the applicant's permanent housing program.
2. Type of permanent housing and number of housing units already secured (annually, must be equivalent to the number of individuals to be served in the grant project).

3. Amount program participants pay toward housing.
4. Information about individuals served:
 - a. choice in housing;
 - b. option in level and type of services received;
 - c. tenancy rights (e.g., privacy in unit, leasing); and
 - d. eligibility to be considered for permanent housing despite substantially greater vulnerability (e.g., multiple severe physical and behavioral health disabilities, history of criminal justice involvement, SMI, severe SUD, and CODs).

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

Allowable Activities:

In addition to **required** activities, other **allowable** direct services include the following types of activities:

- Limited inreach and screening to identify incarcerated individuals, consistent with the population(s) of focus, upon release from a jail or detention facility; and provision to those identified with a post-release housing and behavioral health services plan.
- Education, screening, and counseling for hepatitis and other sexually transmitted diseases.
- Active steps to reduce HIV/AIDS risk behaviors by individuals served. Active steps include client screening and assessment, and either direct provision of appropriate services or referral to and close coordination with other providers of appropriate services.

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).

According to SAMHSA's National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental disorders and SUD than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

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

Recovery from mental disorders and/or SUD 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 disorders and/or SUD, 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 grantees are expected 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 will encourage 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 in prevention or mental health/substance use disorder screening, assessment, and treatment that are validated by some form of documented research evidence. In [Section B](#) of your project narrative, you will need to:

- Identify the EBP(s) 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 **client level, services level, and systems level data** so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. In your application, you must clearly document your **agreement and ability** to collect and report the required data for GPRA in [Section E: Data Collection and Performance Measurement](#) of your application. Data that are required to be collected include, but are not limited to, demographic data (gender, age, race, and ethnicity) on all clients served; measures of disparities in access, service use, and outcomes across subpopulations; client abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness.

Client data will be collected via **face-to-face** interviews at baseline (i.e., the client's entry into the project), six months post intake while receiving services, and upon discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also **expected to achieve a follow-up rate of 80 percent at each data point**. 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. The collection tool is available at <http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-best-practices>. All data must be entered into SAMHSA's data entry and reporting system within seven days of data collection. Grantees and sub-awardees will be provided extensive training on the system and its requirements post award.

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 report semi-annually on their progress and performance on achieving the goals and objectives of the grant project resulting from the three primary grant activities (see Section I.1 – Purpose).

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), 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. Grantees will be required to report on the progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted semi-annually. The assigned SAMHSA GPO and Grants Management Specialist will review the performance assessment report and provide feedback on the extent to which progress is consistent with stated goals of the application and requirements of this FOA.

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

Outcome Questions:

- How many individuals were reached through the program and how many were enrolled in Medicaid and other benefit programs as a result of participation in this program?
- What effect did linkage to HUD's Coordinated Entry system have on housing goals?
- What program/contextual factors were associated with increased access to and enrollment in Medicaid and other benefit programs?
- What was the effect of the permanent housing, recovery support, or treatment on key outcome goals?
- Was the permanent housing and recovery support effective in maintaining the project outcomes at client follow-up interviews?
- What program and contextual factors were associated with positive clinical and housing outcomes?

As appropriate, describe how the data, including outcome data, will be analyzed by demographic factors to ensure that appropriate populations are being served in a culturally and contextually appropriate manner and that disparities in services and outcomes are minimized.

Process Questions:

- What activities and actions taken by the State Interagency Council or the Steering Committee helped improve the clinical and housing outcomes for individuals served?

- How did the strategies and interventions used by the State Interagency Council or Steering Committee assist in the overall quality improvement of the system of care for individuals served?
- 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)?
- Are the targets and indicators linked and used to inform quality improvement activities?
- What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and other benefit programs and how are these efforts informing the implementation and/or enhancing the long term sustainability of integrated community systems that provide permanent housing and supportive services?

Cross-Site Evaluation

SAMHSA intends to implement a cross-site evaluation for the duration of the CABHI program. This comprehensive national evaluation will be designed to determine the impact of CABHI grants on clients, services, and systems. **Participation in this independent, multi-site evaluation is a requirement for all grantees.** The cross-site evaluation will be conducted through a SAMHSA contract. The contractor will manage cross-site data collection and analysis, and development of cross-site evaluation products. Data collected will include client, services, and systems process and outcome data.

The evaluation will be designed to comply with OMB expectations regarding independence, scope, and quality of evaluation activities. It is possible the evaluation design may necessitate changes in the required data elements, instruments, and/or timing of data collection or reporting.

Grantee participation in the cross-site evaluation will entail activities such as, but not limited to, participating in technical assistance and training webinars or phone calls, sharing of existing information, and participating in systems assessments (this might include key grantee staff, key partners, individuals who receive services, and other appropriate individuals).

The contractor will provide technical assistance, training, and support to grantee sites.

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

In your application, you must clearly document your **agreement and ability** to collect and report the required data for GPRA, conduct a local performance assessment, and participate in the national evaluation in [Section E: Data Collection and Performance Measurement](#) of your application.

State grants: Up to 10 percent of the award amount may be used for data collection, performance measurement, performance assessment, and evaluation (e.g., activities required in Sections I-[2.2](#) and [2.3](#) above). Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment and evaluation (see Sections I-[2.2](#) and [2.3](#)).

Local Government and Community grants: Up to 20 percent of the award amount may be used for data collection, performance measurement, performance assessment, and evaluation (e.g., activities required in Sections I-[2.2](#) and [2.3](#) above). Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment and evaluation (see Sections I-[2.2](#) and [2.3](#)).

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director and Evaluator) to an annual grantee meeting. 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. The meeting will be up to three days, is usually held in the Washington, D.C. area, and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$19.576 million (50 percent from CSAT's Treatment Systems for Homeless and 50 percent from CMHS's Homeless Prevention Program)
Estimated Number of Awards:	Up to 30 awards
Estimated Award Amount:	Up to \$1.5 million per year for states and territories. Up to \$800,000 per year for local governments. Up to \$400,000 per year for other domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal

organizations, Urban Indian organizations, public or private universities and colleges and community- and faith-based organizations.

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed \$1.5 million for states, \$800,000 for local governments, and \$400,000 for communities **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.

Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if the applicant requests less than the maximum award amount.

Cooperative Agreement

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

Role of Grantee:

- Comply with the requirements in this FOA and the terms and conditions set forth in the Notice of Award (NoA).
- Monitor and ensure that sub-awardees collect and report data (GPRA and cross-site evaluation), and agree to provide SAMHSA with the required data.
- Implement and assess the program in full cooperation with SAMHSA staff members.
- Ensure that individuals served by the grant project are consistent with the application and FOA (see Section I-1. Purpose).
- Establish or use an existing State Interagency Council on Homelessness for states, or a Steering Committee for local governments or communities, to meet at least quarterly per year, to achieve the goals outlined in this FOA.
- Develop a strategy for supporting provider sites in the adoption of HIT (if applicable).

- Prior to awarding sub-awards, the grantee must submit, for each proposed sub-award, required documentation indicated in this FOA (e.g., availability of housing units, evidence of credentials) and receive approval of sub-award(s).
- Submit the draft statewide plan by the third month of the grant project for review and approval (if applicable).
- Collect, evaluate, and report grantee infrastructure, process, and outcome data.
- Respond to requests for program-related data.
- Prepare SAMHSA-required reports.

Role of SAMHSA Staff:

- Review and approve the draft statewide plan and work collaboratively with the grantee to implement and adapt the plan based on information gathered through the project.
- Participate on the State Interagency Council on Homelessness or Steering Committee (for the purposes of this grant) and in the selection of members that will further enhance and develop the infrastructure, build capacity, and guide grant project implementation.
- Review and approve planned infrastructure activities and provide related technical assistance (if applicable).
- Assist the grantee to meet quality improvement goals in an efficient manner.
- Provide advice and assistance in developing the performance assessment.
- Foster learning, collaboration, and coordination with other federally-funded activities. Examples include facilitating communication and connection with SAMHSA regional offices, HUD's CoCs and Coordinated Entry system, HUD field offices and Public Housing Authorities, SAMHSA Addiction Technology Transfer Centers (ATTCs), and Health Resources and Services Administration resources.
- Provide training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program in collaboration with SAMHSA

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- States and territories;
 - Eligible state applicants are either the State Mental Health Authority (SMHA) or the Single State Agency (SSA). However, SAMHSA's expectation is that both the SSA and the SMHA will work in partnership to fulfill the requirements of the grant. To demonstrate this collaboration, applicants must provide a letter of commitment from the partnering entity in Attachment 5 of the application. If the SMHA and the SSA are one entity, applicants must include a statement to that effect in Attachment 5.
- Local governments; and
- Communities, which includes other domestic public and private nonprofit entities (e.g. federally recognized AI/AN tribes and tribal organizations, Urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations).

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

SAMHSA seeks to further expand the impact and geographical distribution of the CABHI-States program and the Grants to Benefit Homeless Individuals-Services in Supportive Housing (GBHI-SSH) program across the nation. **Therefore, grantees that received an FY 2014 (SM-14-010) or FY 2015 (TI-15-003) CABHI-States award or a GBHI-SSH award in FY 2014 or FY 2015 (TI-14-007) are not eligible to apply.**

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 four additional requirements related to the provision of services.

The four requirements are:

- A provider organization for direct client (e.g., SUD treatment, mental health treatment) 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 use disorder treatment provider organization must have at least two years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last two years);
- Each mental health/substance use disorder 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; and
- Each entity must either:
 - be qualified to receive third party reimbursements and have an existing reimbursement system in place; OR
 - have established links to other behavioral health or primary care organizations with existing third party reimbursement systems.

[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 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.

- a letter of commitment from every mental health/substance use disorder treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance use disorder treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;
- official documentation that all participating mental health/substance use disorder treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation and certification; OR 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation, and certification requirements do not exist;
- official documentation that mental health/substance use disorder treatment provider organizations are qualified to receive third-party reimbursements and have an existing reimbursement system in; **OR** official documentation that mental health/substance use disorder treatment provider organizations have established links to other behavioral health or primary care organizations with existing third party reimbursement systems for services.

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.)
- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA’s website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **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 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 (**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: a) 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; b) the availability of permanent housing units match the number of individuals to

be served in the grant project for each year of the grant; and c) provider treatment organizations are qualified to receive third party reimbursements or have established links to other organizations with existing third party reimbursement systems.

- **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:** State applicants must include a letter from the partnering SMHA or SSA or a letter confirming the SSA and SMHA are one entity (see [Section III-1 Eligibility](#)).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 15, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- SAMHSA grant funds may not be used to fund housing.
- State grantees may use **up to 20 percent of the total grant award** for infrastructure development/improvements.
- Community grantees may use **up to 10 percent of the total grant award** for infrastructure development/improvements.
- Grantees must use **not less than 70 percent of the total grant award** for the provision of treatment and recovery support services for the population(s) of focus.
- State grantees may use **no more than 10 percent of the award** amount for data collection, performance measurement, performance assessment, and evaluation. Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment, and evaluation.

- Community grantees may use **no more than 20 percent of the award** amount for data collection, performance measurement, performance assessment, and evaluation. Each sub-awardee may use up to 10 percent of its funds for data collection, performance measurement, performance assessment, and evaluation.
- No more than 6.5 percent of the total grant award may be used for short-term residential treatment (90 days or less).
- Applicants must submit a budget that reflects a split of 50 percent CSAT funds and 50 percent CMHS funds. (See Appendix IV: – Sample Budget and Justification.)

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. 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 the nature of the problem, need, and service gaps, supplemented with state and/or national data (identify the source of the data). Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments), 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 and Prevention reports, and Census data).
3. Discuss the differences in service access, 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.
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 measureable 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) (including trauma-informed practices) proposed for outreach, screening and assessment, behavioral health treatment (specify

types), and recovery support services that meet the required activities specified in the FOA and are appropriate for the population(s) of focus. If you are proposing activities in addition to those required, please specify and discuss. 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(s) of focus, and justify its use compared to an appropriate existing EBP. Describe how the proposed practices and services will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability.
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. Describe how the proposed project aligns with SAMHSA's Strategic Initiatives, specifically Recovery Support.
2. Identify any organization(s) that will participate in the proposed project and the geographic areas/jurisdictions in which they will provide behavioral health services. Describe the need in these areas, as well as the experience and ability of these entities to deliver EBP(s). Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.
3. Provide a chart or graph depicting a realistic timeline for the entire the 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.]
4. Describe how the key activities in your timeline will be implemented.

5. Describe plans to establish or use an existing State Interagency Council on Homelessness, local government, or community Steering Committee consistent with the requirements outlined in Section [I-2](#): Expectations (State, Local Government, and Community Infrastructure Development).
6. Describe the types of activities an application submitted by the state proposes to include in an enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support the population(s) of focus and meet the required activities in this FOA. If the application is submitted by a community, state in your application that this is not applicable.
7. Discuss ways in which you will work with sub-awardees and other providers to implement and monitor the activities in the statewide plan. If the application is submitted by a community, state in your application that this is not applicable.
8. Describe how you will ensure that the applicant (including sub-awardees) will engage and enroll eligible persons in Medicaid and other benefit programs.
9. Describe how you will screen and assess clients for, and document the presence of, SUDs, SMIs, SEDs, and CODs, and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the population(s) of focus.
10. Describe how you will monitor sub-awardee(s) in the areas of outreach, screening and assessment, client enrollment, behavioral health treatment, and recovery support services of the proposed project that meet the required activities specified in the FOA.
11. 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.
12. Describe how you will ensure that service providers will identify, recruit, and retain the population(s) of focus. 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).
13. Describe how the Peer Recovery Support Specialist(s), and if applicable, the SOAR Specialist(s) and Supported Employment Specialist(s), will engage with individuals served, including the proposed services they will deliver.

14. 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, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, socioeconomic status, homeless status, and behavioral health conditions. Include:

- Grant project outreach and engagement by sub-awardee;
- Grant project enrollment by sub-awardee;
- Individuals assisted with enrollment for third party networks and benefit programs; and
- Provider organizations assisted with enrollment in third party networks (if applicable).

15. 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.]

16. Describe utilization of HUD's Coordinated Entry system and discuss the permanent housing that will be used for the grant project and describe how you will ensure that individuals and families receiving services have the required permanent housing, as stated in this FOA.

Section D: Staff and Organizational Experience (10 points)

1. Discuss the capability and experience of the applicant and sub-awardee(s) with similar projects and populations. Demonstrate that the applicant and sub-awardee(s) 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.

2. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering 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 Project Director, Evaluator, Peer Recovery Support Specialist(s), Supported Employment Specialist(s), SOAR Specialist(s), and other key personnel, showing the role of each and their level of effort and qualifications.
4. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population(s) of focus.
5. Describe how your staff will ensure the input of consumers (representing the population(s) of focus) is utilized 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 B-1.

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 data-driven 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 CMHS's National Advisory Council and CSAT's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.

In cases where a state, local government, or community application is received from the same state and in the fundable range, SAMHSA will review the applications to ensure that a local government or community applicant(s) would not receive duplicate funding (as a sub-awardee to a state or local government, and directly as a recipient) to serve the same population of focus. In cases where duplication of the population of focus is identified in the same state, funding priority will be in the following order: state applicant; local government applicant; community applicant.

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 expected to report biannually on their progress and performance on achieving the goals and objectives of the grant project resulting from the three primary grant activities (see Section I.1-Purpose).

Funds from each SAMHSA Center must be tracked separately in the recipient account system identifying funds used for different purposes under the specific funding streams. The recipient must include the amount expended for each funding stream in block 12 of the Federal Financial Report.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act requires 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:

Maia Banks-Scheetz
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Room 14N38C
Rockville, Maryland 20857
(240) 276-1969
maia.banks-scheetz@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
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) 276-1412
FOACSAT@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.¹ (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.

¹ Tribes and tribal organizations are exempt from these requirements.

- official documentation indicating that the availability of permanent housing units matches the number of clients that require permanent housing as part of enrollment for each year of the grant and that the housing units qualify as permanent housing, as outlined in the FOA.

Signature of Authorized Representative

Date

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

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

In preparing your budget, be sure to reflect the following: a precise split of 50 percent CSAT funds and 50 percent CMHS funds.

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	CSAT Costs	CMHS Costs	Grand Total
(1) Project Director	John Doe	\$64,890	10%	\$3,180	\$3,309	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$22,675	\$23,601	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	\$0	\$0	\$0
			TOTAL	\$25,855	\$26,910	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered

key staff.

- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

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

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

FEDERAL REQUEST

Component	Rate	Wage	CSAT Costs	CMHS Costs	Grand Total
FICA	7.65%	\$52,765	\$1,978	\$2,059	\$4,037
Workers Compensation	2.5%	\$52,765	\$646	\$673	\$1,319
Insurance	10.5%	\$52,765	\$2,715	\$2,826	\$5,540
		TOTAL	\$5,339	\$5,557	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST (Grantee Conference travel is budgeted for Year 2 in this FOA)

Purpose of Travel	Location	Item	Rate	CSAT Costs	CMHS Costs	Grand Total
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$0	\$0	\$0
		Hotel	\$180/night x 2 persons x	\$0	\$0	\$0
		Per Diem (meals & incidentals)	\$46/day x 2 persons x 2 days	\$0	\$0	\$0
(2) Local travel		Mileage	1,500 miles @ \$0.575/mile	\$423	\$440	\$863
			TOTAL	\$423	\$440	\$863

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 in Year 2 (therefore Year 1 shows no costs).
- (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 rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$863**

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	CSAT Costs	CMHS Costs	Grand Total
General office supplies	\$50/mo. x 12 mo.	\$294	\$306	\$600
Postage	\$37/mo. x 8 mo.	\$145	\$151	\$296
Laptop Computer	\$900	\$441	\$459	\$900
Printer	\$300	\$147	\$153	\$300
Projector	\$900	\$441	\$459	\$900
Copies	8000 copies x .10/copy	\$392	\$408	\$800
	TOTAL	\$1,860	\$1,936	\$3,796

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

- (1) Office supplies, copies and postage are needed for general operation of the project.
- (2) The laptop computer and printer are needed for both project work and presentations for Project Director.
- (3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

FEDERAL REQUEST

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(1) State Department of Human Services	Statewide Contract to Train Service Providers	\$82,500/year		\$40,425	\$42,075	\$82,500
(2) Treatment Services	1040 Clients	\$27/client per year		\$13,759	\$14,321	\$28,080

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
3) John Smith and Mary Jones (Case Managers)	Treatment/ Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750 x 2 FTEs = \$67,500	*Travel at 3,124 miles @.50 per mile = \$1,562 x 2 staff = \$3,124 *Training course \$175 x 2 = \$350 *Supplies @\$47.54 x 12 months or \$570 x 2 = \$1,140 *Telephone @\$60 x 12 months =	\$45,244	\$47,090	\$92,334
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$4,410	\$4,590	\$9,000
(5) To Be Announced	Marketing Coordinator-	Annual salary of \$30,000 x 10% level of		\$1,470	\$1,530	\$3,000

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(6) Provider ABC	Treatment Client Services	*Program Manager @ \$60,000 *1 EBP Provider, 1 SOAR Specialist, & 1 Supported Employment Specialist @ \$50,000/each *Total Personnel = \$210,000 *Fringe Benefits @ 20% = \$42,000	*In-State Travel for 4 FTEs @ 1000 miles x 57.5 cents/mile = \$2,300 *Supplies = \$3,500 *Cell Phones for 4 staff @ \$60/mo. = \$2,880 *Tablets for 4 staff @ \$850/ea. = \$3,400 *Internet service for 4 staff @ \$85/mo. = \$4,080 *Client Supports = \$3,000/yr.	\$142,747	\$148,573	\$291,320

Name	Service	Rate	Other	CSAT Costs	CMHS Costs	Grand Total
(7) Provider XYZ	Treatment Client Services	*Program Manager @ \$60,000 *1 EBP Provider, 1 SOAR Specialist, & 1 Supported Employment Specialist @ \$50,000/each *2 Peer Specialist @ \$27,500/ea. *Total Personnel = \$265,000 *Fringe Benefits @ 20% = \$53,000	*In-State Travel 6 FTE @ 1000 miles x 57.5 cents/mile = \$3,450 *Supplies = \$3,500 *Cell Phones for 6 staff @ \$60/mo = \$4,320 *Tablets for 6 staff @ \$850 = \$5,100 *Internet service for 6 staff @ \$85/mo = \$6,120 *Client Supports = \$3,000 *Indirect	\$180,776	\$188,154	\$368,930
			TOTAL	\$428,830	\$446,334	\$875,164

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

- (1) The State will contract with certified trainers to provide SOAR training, EBP training and to train service providers on state infrastructure systems developed by the grant to enhance behavioral health treatment for the population(s) of focus.
- (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 behavioral health treatment, research and evaluation, is knowledgeable about the population (s) 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.
- (6) Service Providers ABC and XYZ will deliver evidence-based, treatment, and other required client services across the State.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$875,164**

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

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

FEDERAL REQUEST

Item	Rate	CSAT Costs	CMHS Costs	Grand Total
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$5,142	\$5,335	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$588	\$612	\$1,200
(3) Client Incentives	\$10/client follow up x 450 clients	\$2,205	\$2,295	\$4,500
(4) Brochures	.89/brochure X 1500 brochures	\$654	\$681	\$1,335
	TOTAL	\$8,592	\$8,943	\$17,535

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **\$17,535**

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.

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) **\$961,018**

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) **\$966,111**

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

Proposed Project Period

- a. Start Date: 09/30/2015
- b.
- c. End Date: 09/29/2018

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2	Year3*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$163,091
Fringe	\$10,896	\$11,223	\$11,560	\$33,678
Travel	\$863	\$2,167	\$863	\$3,893
Equipment	\$0	\$0	\$0	\$0
Supplies	\$600	\$600	\$600	\$1,800
Contractual	\$875,164	\$887,447	\$887,447	\$2,669,080
Other	\$3,196	\$1,096	\$1,096	\$5,388
Total Direct Charges	\$961,018	\$974,416	\$994,101	\$2,929,535
Indirect Charges	\$5,093	\$5,246	\$5,403	\$15,742
Total Project Costs	\$966,111	\$979,661	\$999,504	\$2,945,277

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) **\$2,945,277**

*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.

State

- State grantees may use up to **20 percent of the total grant award for infrastructure development/improvements.**
- **State grantees may use no more than 10 percent of the award amount for data collection, performance measurement, performance assessment, and evaluation.**

Community

- **Community grantees may use up to 10 percent of the total grant award for infrastructure development/improvements.**
- **Community grantees may use no more than 10 percent of the award amount for data collection, performance measurement, performance assessment, and evaluation..**

Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.

Infrastructure Development	Year 1	Year 2	Year 3	Total Infrastructure Costs
Personnel	\$52,765	\$54,348	\$55,978	\$163,091
Fringe	\$10,896	\$11,223	\$11,560	\$33,679
Travel	\$863	\$2,167	\$863	\$3,893
Equipment	\$0	\$0	\$0	\$0
Supplies	\$600	\$600	\$600	\$476,250
Contractual	\$94,500	\$94,500	\$94,500	\$283,500
Other	\$16,211	\$14,111	\$14,111	\$44,433
Total Direct Charges	\$175,855	\$176,969	\$177,632	\$546,198
Indirect Charges	\$5,093	\$5,246	\$5,403	\$15,742
Total Infrastructure Costs	\$180,948	\$182,215	\$183,035	\$546,198

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Total Data Collection & Performance Measurement Costs
Personnel	\$26,383	\$27,174	\$27,989	\$81,546
Fringe	\$5,448	\$5,612	\$5,780	\$16,840
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0
Contractual	\$550	\$550	\$550	\$1,650
Other	\$500	\$500	\$500	\$1,500
Total Direct Charges	\$32,881	\$33,835	\$34,819	\$101,535
Indirect Charges	\$2,546	\$2,623	\$2,701	\$7,871
Total Data Collection & Performance Measurement Costs	\$35,427	\$36,459	\$37,521	\$109,406