

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

**National Child Traumatic Stress Initiative – Category II
Treatment and Service Adaptation (TSA) Centers**

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-16-008

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 May 11, 2016.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
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 (SSA) 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), is accepting applications for fiscal year (FY) 2016 National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers grants. The purpose of the Category II, TSA Centers is to provide national expertise for specific types of traumatic events, population groups and service systems, and support the specialized adaptation of effective evidence-based treatment and service approaches for communities across the nation.

Funding Opportunity Title:	National Child Traumatic Stress Initiative (NCTSI) – Category II, Treatment and Service Adaptation (TSA) Centers
Funding Opportunity Number:	SM-16-008
Due Date for Applications:	May 11, 2016
Anticipated Total Available Funding:	\$15,000,000
Estimated Number of Awards:	Up to 25
Estimated Award Amount:	Up to \$600,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to five years
Eligible Applicants:	Domestic public and private non-profit entities [See Section III-1 of this FOA for complete eligibility information.]

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

PLEASE NOTE: THIS PROGRAM IS PART OF THE FIRST RELEASE FOR SAMHSA'S NEW GRANT SYSTEM. APPLICATIONS WILL BE HANDLED THROUGH A NEW SYSTEM WHICH ENTAILS DIFFERENT REQUIREMENTS THAN PREVIOUSLY USED FOR SAMHSA APPLICATION SUBMISSION. PLEASE BE SURE TO READ PART II OF THIS FOA VERY CAREFULLY TO UNDERSTAND ALL APPLICATION SUBMISSION REQUIREMENTS. PLEASE ENSURE YOU HAVE LEFT ENOUGH TIME TO MEET ALL APPLICATION SUBMISSION REQUIREMENTS. APPLICANTS WILL NEED TO ENSURE CERTAIN REGISTRATIONS ARE DONE WELL IN ADVANCE OF THE APPLICATION DUE DATE, SO APPLICANTS ARE ENCOURAGED TO CHECK REQUIREMENTS AS SOON AS POSSIBLE.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2016 National Child Traumatic Stress Initiative (NCTSI) - Category II, Treatment and Service Adaptation (TSA) Centers grants. The purpose of the Category II, TSA Centers is to provide national expertise for specific types of traumatic events, population groups and service systems, and support the specialized adaptation of effective evidence-based treatment and service approaches for communities across the nation.

To date, the NCTSI has developed and implemented evidence-based interventions and promising practices to reduce immediate distress from exposure to traumatic events; developed and provided training in trauma-focused approaches and services for use in child mental health clinics, schools, child welfare and juvenile justice settings, among other service areas; and developed widely used intervention protocols for disaster victims.

The work of this initiative is carried out by a national network of grantees – the National Child Traumatic Stress Network (NCTSN) – that works collaboratively to develop and promote evidence-based trauma treatment, services, and other resources for children, adolescents, and families exposed to an array of traumatic events. The NCTSN members collaborate with one another, and partner with systems of care where children, adolescents, and families who have experienced trauma receive services in their communities. For more background information on the NCTSN, see [Appendix III](#). SAMHSA has identified six Strategic Initiatives to focus the agency's work on improving lives and capitalizing on emerging opportunities. This announcement is part of SAMHSA's effort to achieve the goals of the SAMHSA Trauma and Justice Strategic Initiative by reducing the impact of trauma and violence on children, youth, and families,

and addressing trauma-related issues throughout behavioral health, health, and social service systems. More information on SAMHSA's Strategic Initiatives is available at the SAMHSA website: <http://www.samhsa.gov/about-us/strategic-initiatives>

The Category II, TSA Centers program 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.)**

Children of deployed military personnel have more school, family, and peer-related emotional difficulties in comparison to national samples. Therefore, SAMHSA has identified military families as a priority population under this funding opportunity.

The Category II, TSA Centers grants are authorized under Section 582 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

The Category II, TSA Centers provide national expertise for specific types of traumatic events, population groups, and service systems, and support the specialized adaptation of effective treatment and service approaches. In addition, TSA Centers provide leadership, infrastructure, and support for specific trauma areas to help ensure the NCTSI is addressing major areas of child trauma. A key goal of TSA Centers is to select an Area of Trauma Focus and identify effective trauma treatment and/or service system approaches to be implemented in community settings and in child-serving systems across the country.

The Category II, TSA Centers develop activities that improve outcomes for traumatized children, adolescents, and their families. These may include proposing policy changes, improving service access and service system improvements, and promoting community support and sufficient funding to support trauma treatment services for all children in need.

The Category II, TSA Centers are expected to provide training on best practices in child trauma to over 200,000 mental health, social service, and other child service system providers annually.

The Category II, TSA Centers are expected to have national expertise in an area of child trauma and achieve substantial progress in intervention development, training, evaluation, and dissemination in the trauma area selected below.

The intent of this FOA is to have “coverage” and expertise in a range of trauma areas, service systems, settings, and populations. Applicants are asked to identify their area of child trauma expertise and interest. SAMHSA has an interest in ensuring that the

range of Trauma Focus Areas is addressed by grantees awarded under this FOA. SAMHSA may make a funding decision regarding the Areas of Trauma Focus the applicant proposes to address, thereby ensuring adequate “coverage” of trauma areas outlined below. Applicant organizations submitting more than **one** Category II, TSA Center applications with different Trauma Focus Areas may receive an award in each of the different Trauma Focus Areas.

IMPORTANT: Applicants must select only one Area of Trauma Focus, per application, from the list provided below and indicate the selection in Section A: Statement of Need, [Number 1](#). Applicants may not combine areas or otherwise alter the provided list of Areas of Trauma Focus. Applications that do not designate one Area of Trauma Focus in Section A: Statement of Need, Number 1, will be screened out and will not be reviewed.

Applicants may apply for more than one Area of Trauma Focus by submitting a separate application for each Area of Trauma Focus. Applicants that designate more than one Area of Trauma Focus within a single application will be screened out and will not be reviewed (e.g., one application submission cannot include ‘Child Abuse/Child Protective Services and Child Welfare Settings’ from the bulleted list under number 1 below and ‘Residential Intervention Settings’ under number 2).

Areas of Trauma Focus - Select only one trauma area from the bulleted lists.

1. Developing and disseminating interventions for **specific types of trauma** and implementation in **service systems** (select from the bulleted list below) in which a type of trauma is most often evident, including interventions for:
 - Child Abuse/Child Protective Services and Child Welfare Settings
 - Community Violence
 - Juvenile Justice, Courts, and Law Enforcement
 - Domestic/Interpersonal Violence
 - Injuries and Medical Problems/Health Care Settings/Integrated Care
 - Refugee Displacement and War Zone Trauma/Refugee Health and Resettlement Agencies
 - Trauma in School Populations/Schools
 - Complex Trauma/Residential Treatment Settings and Shelters and Juvenile Justice Detention Centers
 - Disaster and Terrorism Victimization/First Responders and Emergency Response System
 - Higher Education: Trauma Informed Workforce Development for Educational Programs Supporting Dissemination of the NCTSN Core Concepts Curriculum.
2. Developing, training, implementing, and evaluating **types of trauma interventions** (select from the bulleted list below), including:

- Acute/Early/Brief Interventions
- Clinical interventions for Traumatic Stress Reactions
- Child and Adolescent Bereavement
- Interventions for Developmental Effects of Trauma
- Family Interventions
- Residential Settings Interventions

3. Ensuring services for specific **traumatized populations** (select from the bulleted list below), including:

- Young/Preschool Children
- Adolescents, including Adolescents with/or at Risk for Substance Abuse and Suicide/Self Harm
- Children/Adolescents with Disabilities
- American Indian/Alaska Native Children and Adolescents
- Commercially Sexually Exploited Children/Child Trafficking

It is expected that the applicant organization's 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, if designated, Co-Director or Principal Investigator.

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

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

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals*

improve their health and wellness, live a self-directed life, and strive to reach their full potential. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. 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 Required Activities

The Category II, TSA Center grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Provide leadership in the NCTSN on the development or adaptation, and wide-scale dissemination of effective, evidence-based treatment and service approaches in the Area of Trauma Focus.
- Serve as a continuing resource for training, consultation, and technical assistance to other Network and non-Network Centers and the National Center for Child Traumatic Stress (NCCTS) in the Area of Trauma Focus, with particular attention to supporting Network training efforts and other avenues for widespread dissemination of Network interventions and products beyond funded grantees to service providers and family/youth affected by traumatic events.
- Expand implementation of trauma interventions in the applicant's Area of Trauma Focus to new populations and service systems, such as schools, child welfare and juvenile justice settings; and apply implementation science to promote effective and sustainable intervention.
- Collaborate with the NCCTS and other Network Centers in joint activities, such as leadership of NCTSN committees and developing Network products with the highest level of evidence. Describe the role of staff, staff time, and budgetary resources you will dedicate to these collaboration activities with the NCCTS and other NCTSN Centers.
- Engage key stakeholders, including family members, children, and youth, and service providers, as applicable, in all aspects of the grant, including development, implementation, and oversight of the program.

- Assess the quality and outcomes of intervention dissemination and implementation, including adapting and improving treatment and service approaches so that interventions are more effective when used in community settings.
- Develop additional intervention products (e.g., protocols, manuals, training materials, etc.) to fill identified needs, so that effective treatment, practice, and service approaches can be replicated and disseminated to an array of community and service system providers across the country.
- Participate in clinical and/or services data collection, both in the development of clinical data protocols for the NCTSN and the broader child trauma field, and document the effectiveness of NCTSN child trauma interventions and approaches in various service settings.

2.2 Other Allowable Activities

SAMHSA's Category II, TSA Center grants may also support the following types of activities:

- Developing procedures to obtain input from diverse cultural/social groups when designing interventions for diverse populations.
- Contributing to Network activities to address behavioral health disparities through the identification/development of assessment/measurement approaches, and the development and promotion of policies and practices to alleviate behavioral health disparities.
- Addressing cultural and social diversity in the development, implementation, evaluation, and dissemination of assessments, data collection procedures, and interventions.
- Limited direct service delivery may be supported in Category II, TSA Center grants, but only for the specific purpose of refining treatment and service approaches in the proposed area of trauma. For example, Category II, TSA Center grantees may use funds to develop assessment procedures or to gain clinical insight into intervention processes. Any other service provision should not be supported by Category II, TSA Center grant funds.

2.3 Data Collection and Performance Measurement

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

application. Grantees will be required to report performance on the following performance measures:

- The number of organizations or communities collaborating, coordinating, and sharing resources with other organizations because of the grant.
- The number of people in the mental health and related workforce trained in specific mental health-related practices and activities consistent with the goals of the grant.
- The number and percentage of work group/advisory group/council members who are consumers/family members.
- The number of people who have received training in prevention or mental health promotion.
- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.
- The number of individuals exposed to mental health awareness messages.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. More information on the data collection required can be accessed at: <https://www.cmhs-gpra.samhsa.gov/>. Data are to be entered by the grantee into the data collection system quarterly, and annual goals are to be entered at the start of each grant year. Technical assistance for data entry and fiscal and annual report generation will be provided post award.

The collection of these data will enable SAMHSA to report on key outcome measures relating to mental health. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

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

Additionally, each Category II, TSA Center will be required to report performance for the following activities in quarterly progress reports (as described in [Section VI-1](#) Reporting Requirements) or through ongoing data entry into NCTSI data collection instruments:

- Development, standardization, implementation, evaluation, modification, and dissemination of effective treatment and trauma-informed services in its area of trauma expertise;
- Development and completion of products in its area of trauma responsibility;

- Training and other support to service agencies for the purpose of implementing effective treatment and service approaches in its area of trauma expertise;
- The number of traumatized children and adolescents that receive trauma-focused treatment and services at the Category II, TSA Center and its non-NCTSN service partners, if applicable;
- The number of traumatized children and adolescents who are receiving services at the Category II, TSA Center and/or partner Centers that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance), if applicable; and
- The number of community and service system sites using intervention products developed by the Category II, TSA Center.

2.4 Program Evaluation

Grantees are required to evaluate their projects at the local level. In addition, grantees are required to submit a final evaluation at the end of the project period, as described in Section 582(d) of the Public Health Service Act, as amended. Applicants are required to submit a plan for a rigorous evaluation of the activities funded under the grant, including both process and outcome evaluations.

Applicants are required to describe their internal program process and outcome evaluation plans in their applications. An internal program evaluation should document the grantee's efforts to make specialized adaptations of effective treatment and service approaches for communities and service systems across the country. The evaluation should also be designed to provide regular feedback to the project to improve the development and adaptation of trauma-informed practices and interventions, as well as dissemination and training efforts to further the wide-spread implementation of trauma-informed practices and interventions.

Category II, TSA Centers are expected to collaborate with the NCCTS, other network centers, partnering service programs, and providers, as well as service recipients to ensure their internal program evaluation includes data collection protocols developed by the Network. In addition, Category II, TSA Centers are expected to contribute to the development of Network data collection protocols related to:

- The acceptability and usability of trauma interventions developed or promoted through training by the NCTSN among service practitioners in the community;
- Indicators for assessment/monitoring of intervention progress, especially to establish intensity of interventions needed or the need for alternative intervention approaches if progress is not satisfactory;

- Successes and difficulties in implementing NCTSN-developed or other trauma interventions across a range of service settings and with different populations of traumatized children/adolescents or with different clinical presentations;
- Data collected during and following up on NCTSN-provided training to assess the effectiveness of training of practitioners to competently implement trauma interventions; and
- Outcome data on the effectiveness of trauma services received in reducing/ameliorating the effects of trauma on children/adolescents, including data on engagement in treatment and maintaining children/adolescents/families in a course of treatment to completion; this type of data collection should also provide information on which types of clients/problems/other issues do well or not so well as a result of the intervention approach.

Grantees are required to produce an annual evaluation report that documents internal program evaluation outcomes as well as progress in meeting proposed program goals and objectives. In addition, grantees will also be required to submit quarterly progress reports documenting progress in achieving project goals.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and program evaluation, e.g., activities required in Sections I-2.3 and 2.4 above. Be sure to include these costs in your proposed budget (see [Appendix II](#)).

2.5 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, joint, in-person All-Network grantee meetings will likely be held in 2017, 2019, and 2021. On alternate years, a virtual meeting may be held. At these meetings, grantees will collaborate with Network members, federal staff, and other partners to develop and implement priority Network activities, present the results of their projects, and federal staff will provide technical assistance. Each meeting will be up to three days. There may be a single, two-day new grantee orientation meeting during the first year of the grant in 2016. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. You must include a detailed budget and narrative reflecting travel to the grantee meetings in years 1, 3, and 5 of the project, and the single grantee orientation meeting in the first year in your budget.

Category II, TSA Center grantees are expected to lead/co-lead one or more of NCTSN's collaborative workgroups. Workgroups meet virtually throughout the year, in-person at the All-Network Conference, and at other times as the work of the group requires and grantee resources allow. Grantees should budget to support attendance for at least one annual full day in-person workgroup meeting, beyond the briefer workgroup meetings which occur in years the All-Network Conference convenes.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$15,000,000

Estimated Number of Awards: Up to 25

Estimated Award Amount: Up to \$600,000

Length of Project Period: Up to five years

Proposed budgets cannot exceed \$600,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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 terms of the award and satisfactorily perform activities to achieve the approved goals of the project;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve the goals of the project;
- Consult with SAMHSA staff on evaluation plans;
- Participate in Network training activities, meetings on child trauma issues, and child trauma and child service system collaborations as are relevant to the projects area of trauma expertise;
- Respond to requests for information from CMHS on activities supporting the development of trauma-focused interventions and trauma-informed child service systems;
- Agree to provide SAMHSA with data required for under GPRA;

- Support the development of, and disseminate widely, intervention products, training materials, and other publications developed by the Network for use by practitioners, consumers, and the public; and
- Produce required quarterly and annual SAMHSA progress reports and an annual local project evaluation report.

Role of SAMHSA Staff:

- Consult with the Center Project Director and Trauma and Justice Strategic Initiative lead on key phases and/or modifications of the project to ensure accomplishment of project goals;
- Review and approve critical project activities for conformity to the goals of developing and disseminating trauma-focused interventions and trauma-informed child-serving service systems;
- Assume responsibility for monitoring the conduct and progress of the program to promote effective trauma-focused treatment and services;
- Provide guidance on project design and components;
- Participate in policy and steering groups or related workgroups;
- Review quarterly progress reports and conduct site visits, if warranted;
- Participate in the design of evaluation methods and indicators to assess progress in developing trauma-informed service systems;
- Approve data collection plans and institute policies regarding data collection;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and apply study results.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments;
- 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.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives 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 American Indians/Alaska Natives 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.

Applicants may also apply for the NCTSI Category III, Community Treatment and Services (CTS) Center cooperative agreements. However, if SAMHSA receives applications from the same applicant organization for a NCTSI Category II, TSA Center **and** Category III, CTS Center, SAMHSA will only fund an application in **either** a Category II **or** Category III but not both. SAMHSA may consider priority score, balance among programs, and geographical distribution when making funding decisions.

The intent of this FOA is to have “coverage” and expertise in a range of trauma areas, service systems, settings, and populations. Applicants are asked to identify their area of child trauma expertise and interest. SAMHSA has an interest in ensuring that the range of trauma areas are addressed by grantees awarded under this FOA. SAMHSA may make a funding decision regarding the Areas of Trauma Focus the applicant proposes to address, thereby ensuring adequate “coverage” of trauma areas outlined in [Section I.2](#). Applicant organizations submitting more than one Category II, TSA Center application with different Trauma Focus Areas may receive an award in each of the different Trauma Focus Areas.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health’s (NIH) electronic Research Administration (eRA) grant system. There are changes to the application registration, submission, and formatting requirements for this FOA. Applicants applying to this specific program must register in NIH’s eRA grant system known as eRA Commons. Please be sure to refer to the revised PART II for registration, submission, and formatting requirements.

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 II](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix II](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 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 provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E, F, and G. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II – IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **Attachments 1 through 4** – 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 Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **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).

2. APPLICATION SUBMISSION REQUIREMENTS

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

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and program evaluation expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in 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-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four 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. The section letter and number must be inserted before the 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: Statement of Need (15 points)

1. Identify the Area of Trauma Focus (**one per application**) the project proposes to address from the list provided in [Section I-2: Expectations](#), and describe the current status of clinical treatment and/or service intervention and workforce development approaches within the selected Area of Trauma Focus.
2. Describe the service delivery system in the selected Area of Trauma Focus, including who provides services, how services are typically provided, and the involvement of the major specialty child/adolescent service systems in service engagement and delivery.
3. Provide information on the characteristics of population(s) to receive services through the targeted systems or agencies, e.g., their trauma experiences, types of traumatic effects, and demographic characteristics in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
4. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.

Section B: Proposed Approach (40 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 D: Data Collection and Performance Measurement.
2. Describe how achievement of goals will increase system capacity to support evidence-based, trauma-informed substance abuse and/or mental health services and supports.

3. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives in each of the following areas:
 - National or community leadership and public awareness on child trauma issues in your area of trauma expertise.
 - Support for development and implementation of effective trauma interventions/approaches in your area of trauma expertise, including support for both dissemination of interventions with a strong evidence base and building the evidence for promising practices.
 - Development of training protocols and products for the interventions and approaches that permits replication and evaluation in community and relevant service system settings.
 - Development and dissemination of evidence-supported, trauma-focused products in your area of trauma expertise.
 - Initiatives to train service providers in trauma treatment/services and/or to partner with service provider programs to promote trauma intervention/products relevant to your area of trauma expertise.
 - Collaboration with other NCTSN Centers in joint activities, such as participation in NCTSN committees and developing Network products with the highest level of evidence. Describe the role of staff, staff time, and budgetary resources you will dedicate to these collaboration activities with the NCCTS and other NCTSN Centers.
4. Describe the stakeholders and resources for the proposed project that can help implement the needed infrastructure development.
5. Provide a chart or graph depicting a realistic timeline for the entire **five 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](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
6. Describe how the key activities in your timeline will be implemented.
7. 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.

8. Describe how the proposed project will address the following issues with respect to both service providers and client populations as applicable in your area of trauma expertise/focus:
 - Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
 - Language and literacy; and
 - Disability.
9. Describe the advisory body for your project, its membership, roles and functions, and frequency of meetings.
10. Identify any other organization(s) that will participate in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from these organizations in **Attachment 1** of your application.

Section C: Staff, Management, and Relevant Experience (25 points)

1. Discuss the capability and experience of the proposed TSA Center Director(s) in providing national leadership in the Area of Trauma Focus identified in Section A-1, including experience in developing and evaluating trauma intervention approaches, and providing services to the populations in the specific area of trauma; and with service systems and/or professional organizations.
2. Discuss the capability and experience of the applicant organization and other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent trauma-informed/focused interventions and/or services. 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 and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and other key staff.

Section D: 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-2.3 of this FOA.
2. Describe your specific plan for:

- data collection,
- management,
- analysis, and
- reporting of data for the population served by your infrastructure program.

Identify indicators of goal accomplishment for the major goals of the project; describe indicators of expected positive outcomes for intervention training and implementation, and indicators of positive intervention outcomes for service recipients; describe methods that will be used to collect indicator data and how such data will be analyzed, reported, and used for your program evaluation. The data collection plan must specify the staff person(s) responsible for tracking the measureable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the program evaluation as specified in Section I-2.4 of this FOA and document your ability to conduct the evaluation.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

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

You must provide a narrative justification for 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 II - Sample Budget and Justification](#) of this document. **It is highly recommended that you use the Sample Budget format in [Appendix II](#). 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 E: Biographical Sketches and Job Descriptions

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

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section F of your application. See [Appendix I](#) of this document for guidelines on these requirements.

Section G: Literature Citations

You must include in this section the literature citations supporting your response in Sections A – D of the Project Narrative.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by peer reviewers.
- When the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council.
- Availability of funds.
- Equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.
- Applicants may also apply for the NCTSI Category III, Community Treatment and Services (CTS) Center cooperative agreements. However, if SAMHSA receives applications from the same applicant organization for a NCTSI Category II, TSA Center **and** Category III, CTS Center, SAMHSA will only fund an application in **either** a Category II **or** Category III but not both.

SAMHSA may consider priority score, balance among programs, and geographical distribution when making funding decisions.

- The intent of this FOA is to have “coverage” and expertise in a range of trauma areas, service systems, settings, and populations. Applicants are asked to identify their area of child trauma expertise and interest. SAMHSA has an interest in ensuring that the range of trauma areas are addressed by grantees awarded under this FOA. SAMHSA may make a funding decision regarding the Area(s) of Trauma Focus the applicant organization proposes to address, thereby ensuring adequate “coverage” of trauma areas outlined in [Section I.2](#). Applicant organizations submitting more than **one** Category II, TSA Center application with different Trauma Focus Areas may receive an award in each of the different Trauma Focus Areas.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA website at: <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Grantees must submit quarterly progress reports on progress in achieving project goals and an annual evaluation report.

VII. AGENCY CONTACTS

For questions about program issues contact:

Ken Curl, MSW, LCSW-C
Public Health Advisor
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 14E05B
Rockville, MD 20857
(240) 276-1779
NCTSI@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 17E15D
Rockville, Maryland 20857

(240) 276-1408
FOACMHS@samhsa.hhs.gov

Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

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

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

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

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

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

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

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

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

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

=====

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

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

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

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

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

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

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

Appendix III – Background Information on the National Child Traumatic Stress Initiative

Development of the National Child Traumatic Stress Initiative Grant Program

The National Child Traumatic Stress Initiative (NCTSI) was developed as a grant program to address the congressional intent of addressing the mental health consequences of experiencing and witnessing traumatic events by children and adolescents.

The scope of the NCTSI

The NCTSI addresses psychological trauma in children and adolescents, which includes both:

- *Exposure* to events that can challenge or overwhelm the psychological coping capacity of children and adolescents: Relatively common events that can be traumatic for children and adolescents include experiencing or witnessing physical, sexual, and emotional assault and abuse; traumatic loss of a significant person in a child/adolescent's life; life-threatening natural or manmade disasters; serious injuries; life-threatening, painful, or invasive medical conditions or procedures; and refugee, displacement, and war zone events.
- *Traumatic stress reactions* to traumatic event(s): Traumatic stress reactions include immediate reactions during or immediately after an event, such as panic, helplessness, dissociation, and freezing, and intermediate and longer-term reactions, including *symptoms*, such as nightmares and other re-experiencing phenomena; *diagnostic syndromes*, such as post traumatic stress disorder and panic disorder; and *functional impairments*, such as school difficulties and withdrawal from peer engagement. Of particular relevance with children and adolescents is potential disruption in normal age-appropriate developmental tasks or competencies (e.g., attachment or individuation in infancy and preschool children, learning and cognitive competence in school-aged children, and peer friendship and future orientation in adolescence).

Children and adolescents can vary greatly in their immediate, intermediate, and long-term traumatic stress reactions. The NCTSI focuses both on children and adolescents who have been exposed to potentially traumatic events, whether or not they display serious traumatic stress reactions.

Mission and Goals of the NCTSI

- To improve the quality of treatment and services in communities for children and adolescents who experience or witness traumatic events *throughout the nation*.

- To increase access to effective trauma-focused treatment and services by children and adolescents throughout the nation.

A critical aspect of the NCTSI mission is to have an impact on the accessibility and quality of trauma treatment and services for children and adolescents throughout the nation, and not just at the funded sites.

To address child trauma, NCTSI supports the development, evaluation, and dissemination of:

- *Clinical interventions* that are intended to directly ameliorate significant negative aspects of children's and adolescents' traumatic stress reactions and *trauma-related services and resources* that identify children in need of trauma-related interventions, reduce the impact of exposure to traumatic events, strengthen coping with stressful events, and/or provide other support to traumatized children/adolescents.

The Collaborative Network Framework of the NCTSI – To achieve its goals, the National Child Traumatic Stress Network (NCTSN or Network) has been established. The NCTSN consists of three types of centers:

- The National Center for Child Traumatic Stress (NCCTS)
- Treatment and Service Adaptation (TSA) Centers
- Community Treatment and Services (CTS) Centers

The NCCTS provides leadership and coordination for the activities of the network of TSA and CTS Centers. TSA Centers have primary responsibility for developing effective interventions for specific types of trauma (e.g., child abuse or refugee trauma), or in different service settings (e.g., in schools or in residential treatment centers). CTS Centers are programs that primarily provide treatment or services in community settings or in specialty youth serving service systems. Current CTS Centers may be trauma clinics, community mental health centers, residential treatment facilities, refugee mental health programs, or other service agencies that provide treatment and services to traumatized children and adolescents or that provide training and/or consultation to other community providers.

There are currently 21 TSA Centers and 56 CTS Centers in the Network. A listing of current and previously funded TSA and CTS Centers is available on the NCTSN website at: <http://www.nctsn.org/about-us/network-members>. Over 100 previously funded centers, or individuals associated with them, continue to participate in Network activities after funding has ended.

TSA and CTS Centers engage in three types of activities:

- (1) All Centers engage in site-specific activities (e.g., CTS Centers primarily provide treatment and services in their own communities; TSA Centers may develop

intervention approaches that are used in their clinic or with affiliated service programs). In general, the NCTSI requires funded Centers to enhance the quality and expand the amount of site-specific treatment and/or services provided with the grant funds. All Centers are required to include family and youth participants in grant planning and implementation and the Network supports an active Youth Task Force.

- (2) Centers collaborate with other individual centers with similar interests in trauma interventions or traumatized populations (e.g., a center might request training in a specific intervention approach developed at another center). These types of activities can lead to improvements in services that are provided in collaborating centers and to improvement in approaches to service delivery for types of trauma, types of trauma populations, or service settings by combining expertise of staff at more than one center.
- (3) Centers engage in cross-network collaborative activities with multiple centers, usually through participation in one or more of over thirty network committees, taskforces, and workgroups organized by the Network. These activities are the primary means the Network supports to develop intervention products (e.g., implementation models, training materials, dissemination platforms) and evaluation of interventions that can be used by programs throughout the country for traumatized children and adolescents.

The NCCTS focuses on supporting Network activities in the key areas of: (a) clinical and service data collection and use, (b) policy initiatives, (c) intervention training approaches, (d) support for intervention development, (e) providing leadership in developing trauma-informed service systems, and (f) product development and dissemination.

The NCCTS has developed an organizational structure for the Network to facilitate collaborative Network activities. Two components of this organizational structure are (1) Network committees, taskforces, and workgroups and (2) the Steering Committee, which is a representative body of the NCTSI Centers, approves Network policies and priorities.

Key Program Accomplishments

A great deal of information on Network activities, products, and resources is available on the SAMHSA website: www.samhsa.gov/child-trauma.