

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

**Garrett Lee Smith (GLS) Campus Suicide Prevention Grant**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SM-17-003**

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

**PART 1: Programmatic Requirements**

**Note to Applicants:** This document MUST be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You MUST use both documents in preparing your application.

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by December 7, 2016</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Garrett Lee Smith (GLS) Campus Suicide Prevention grants. The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

<b>Funding Opportunity Title:</b>	Garrett Lee Smith (GLS) Campus Suicide Prevention Grant
<b>Funding Opportunity Number:</b>	SM-17-003
<b>Due Date for Applications:</b>	December 7, 2016
<b>Anticipated Total Available Funding:</b>	\$1,521,000
<b>Estimated Number of Awards:</b>	15
<b>Estimated Award Amount:</b>	Up to \$102,000 per year
<b>Cost Sharing/Match Required</b>	Yes  [See <a href="#">Section III-2</a> of this FOA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligibility is limited to institutions of higher education that have not previously been awarded a GLS Campus Suicide Prevention grant. Tribal Colleges and Universities are eligible and encouraged to apply.  [See <a href="#">Section III-1</a> of this FOA for complete eligibility information.]

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

**IMPORTANT:** SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-3 and Section II-2 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Garrett Lee Smith (GLS) Campus Suicide Prevention grants. The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

The GLS Campus Suicide Prevention grant supports a wide range of program activities and prevention strategies to build and sustain a foundation for mental health promotion, suicide prevention, substance abuse prevention and other prevention activities such as interpersonal violence and by-stander interventions. As an Infrastructure Development grant, funds cannot be used to pay for direct traditional mental health and substance abuse treatment services such as therapy, counseling, and medication management.

SAMHSA intends that these grants will assist colleges and universities to have a campus free from the tragedy of suicide which also supports the National Strategy for Suicide Prevention Objective 8.1 (See <http://store.samhsa.gov/product/National-Strategy-for-Suicide-Prevention-2012-Goals-and-Objectives-for-Action/PEP12-NSSPGOALS>).

GLS Campus Suicide Prevention grants are authorized under the GLS Memorial Act (Section 520E-2 of the Public Health Service Act, as amended). This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD. This grant also directly supports SAMHSA's Prevention of Substance

Abuse and Mental Illness Strategic Initiative. For more information on SAMHSA's six Strategic Initiatives go to <http://www.samhsa.gov/about-us/strategic-initiatives>.

## **2. EXPECTATIONS**

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

As this is an infrastructure grant, managing capacity within the counseling center and developing crisis protocols before beginning actual programming is an expected initial activity. Managing capacity means having or planning to develop a crisis response protocol, being able to provide information and referral to adequate on and off campus behavioral health services, and making certain that staff are trained before adding new efforts. Campuses should be able to respond to student demand for services, so that demand does not outpace capacity.

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

In addition, applicants should incorporate goals and objectives from the National Strategy for Suicide Prevention (NSSP), that includes a comprehensive and data driven approach to suicide prevention, with the vision that one death is too many. Applicants must partner with other prevention and/or health/wellness related programs on campus and with the GLS State and Tribal Youth Suicide Prevention grant, if applicable to their state. Applicants will also be expected to work collaboratively with the Tribal Behavioral Health grantees in their state, the Suicide Prevention Resource Center; the National Suicide Prevention Lifeline; and SAMHSA's Partnerships for Success and Drug-Free Communities grantees who are actively working with colleges and universities in their areas.

As a result of the GLS Campus Suicide Prevention grants, colleges, and universities will:

- increase collaboration among campus and community partners to deliver the message that suicide prevention is everyone's responsibility;
- increase the amount of training to students, faculty, and staff on suicide prevention and mental health promotion;

- increase the number of educational seminars and informational materials for students, faculty, staff, and family members on suicide prevention, identification and reduction of risk factors, such as depression, substance use/abuse, interpersonal violence;
- increase help-seeking among students and reduce negative attitudes for seeking care for mental and substance use disorders among students, and
- increase the promotion of the National Suicide Prevention Lifeline.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See PART II- [Appendix E, Addressing Behavioral Health Disparities.](#))

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent<sup>[1]</sup> of all cigarettes smoked and can experience serious health consequences<sup>[2]</sup>. A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Recovery from mental 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

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[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked*. Rockville, MD. <http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

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

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**

There are essential capacities that campuses must have in place - crisis response protocol, information and referral to adequate on and off-campus behavioral health services, and trained staff before adding new efforts. Campuses should be able to respond to student demand for services, so that demand does not outpace capacity.

GLS Campus Suicide Prevention grant funds must be used for one or more of the following activities:

- 1) Create a networking infrastructure to link the institution with health care providers from the broader community and resources. While GLS Campus Suicide Prevention grant funds may be used to create the network, they may not be used to provide direct clinical services. The proposed networking infrastructure should include provisions for a crisis response plan (see [Appendix D, FOA Glossary](#)), including response to suicide attempts or death by suicide.
- 2) Develop gatekeeper training programs for students, faculty and staff to respond effectively to students with mental and substance use disorders which can lead to suicide and suicide attempts. Examples of trainees to be targeted are campus health and mental health personnel and gatekeepers, such as residence hall

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

- 3) Develop and implement educational seminars for students, faculty and staff. Seminars may include, but are not limited to, provision of information on suicide prevention, identification, and reduction of risk factors, such as depression, and substance abuse, promoting help seeking, and reducing the negative attitudes towards seeking care for mental and substance use disorders.
- 4) Create local college-based hotlines and/or promote linkage to the National Suicide Prevention Lifeline, 1-800-273-TALK (8255) (see [Appendix D, FOA Glossary](#)). The use of hotlines should be integrated into a crisis response plan.
- 5) Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse, promote help-seeking behavior, and reduce the negative attitudes towards seeking care for mental and substance use disorders. Grant funds may be used both to develop these materials and/or to purchase such materials from an organization that provides them.
- 6) Prepare or otherwise obtain educational materials for families of students to increase awareness of potential mental and substance use disorders among students enrolled at institutions of higher education, including but not limited to suicide prevention, identification and reduction of risk factors, such as depression and substance abuse, the promotion of help-seeking behavior, and reducing the negative attitudes towards seeking care for mental and substance use disorders.

All informational materials and educational seminars should be linguistically appropriate for the specific population(s) and subpopulations of focus (e.g., racial/ethnic minorities, people with disabilities, the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to: LGBT individuals, AI/AN individuals, military family members, and veterans). Possible audiences include, but are not limited to: parents, spouses, friends, faculty, staff, fraternities/sororities, coaches, and students.

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

Grantees will be expected to work toward sustainability of the grant activities beyond available federal funding by ensuring that the program activities can be linked to broader campus-based issues (e.g., wellness, personal safety, prevention of alcohol and other substance use disorders), collaborating with partners within and outside of the

campus community and engaging senior administrators on campus in program activities.

## **2.2 Data Collection and Performance Measurement**

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

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

This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov>. Data are to be entered into the Transformation Accountability (TRAC) web system on a quarterly basis. TA related to data collection and reporting will be offered.

In addition, grantees will be expected to work with the SAMHSA's National Suicide Prevention Evaluation contractor on the cross-site evaluation known as the National Outcomes Evaluation. To support implementation of the National Outcomes Evaluation, grantees will receive training and technical assistance from the evaluation contractor. An explanation of the requirements of the cross-site evaluation can be found at: [http://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=201308-0930-001](http://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201308-0930-001), then click on View Supporting Statement and Other Documents. Among the data to be collected will be training efforts, prevention strategies and student information.

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 as part of SAMHSA's Congressional Justification.

## 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. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

### *Outcome Questions:*

- What was the effect of intervention on key outcome goals, including deaths by suicide, non-fatal suicide attempts, and referrals to mental health counseling services?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- How durable were the effects?

### *Process Questions:*

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

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in [Sections I-2.2](#) and [2.3](#) above. **Be sure to include these costs in your proposed budget (see [Appendix B](#)).**

## 2.4 Grantee Meetings

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

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$1,521,000
<b>Estimated Number of Awards:</b>	15
<b>Estimated Award Amount:</b>	Up to \$102,000 per year
<b>Length of Project Period:</b>	Up to 3 years

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

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

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

Entities that have previously been awarded a GLS Campus Suicide Prevention Grant are not eligible to apply. SAMHSA is limiting the eligibility to applicants who have not previously received an award in order to allow for a broader distribution of the limited funds across campuses and universities. Since the purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education, this program assists colleges and universities in preventing suicide attempts

and deaths by suicide. It also enhances services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them at risk for suicide and suicide attempts. These grants assist colleges and universities in having a campus free from the tragedy of suicide.

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

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

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

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

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

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

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

## 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 B](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix B](#). 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 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 5**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for 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. Use the Other Attachments Form from Grants.gov to upload the attachments.
  - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application 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 B – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** Your Institutions' current Suicide Prevention and/or Crisis Response Plan, if these exist.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **December 7, 2016**.

**IMPORTANT:** Due to SAMHSA's transition to NIH's eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

**Please be sure to read PART II of this FOA very carefully to understand the requirements for SAMHSA's new grant system. Applicants will need to register with NIH'S eRA Commons in order to submit an application.** Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

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

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix C, Standard Funding Restrictions.**

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

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing

and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, 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.
- 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 (30 points)

1. Describe your institution of higher education including details on location, size, public/private, etc. Provide information on the population(s) to engage in activities through targeted programming in terms of:
  - Demographics- race, ethnicity, religion, gender, age, geography, and socioeconomic status
  - Language and Literacy
  - Sexual Identity – sexual orientation, gender identity; and
  - Disability

- Student Veterans
- American Indian/Alaska Natives

In addition, include information on the number of student deaths by suicide in the past five years as well as any available information on suicide attempts, emergency room visits, and hospitalizations related to suicidal ideation or attempts.

- Submit a description of all suicide prevention services and programs listed below as a way to document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective suicide prevention and mental health promotion activities on campus that are consistent with the purpose of the program and intent of the FOA. In the descriptions, identify service gaps and priority problems related to the need for infrastructure development with a particular focus on barriers related to access and availability of mental and behavioral health care services for students. Federal, state, local, private, and institutional resources currently available to address the behavioral health needs of your campus.
  - Type of health, mental health, and behavioral health services available on campus and their location (s)
  - Number of clinicians on staff. Also, the clinician to student ratio.
  - Type of other support services (i.e. groups, stress-management, self-management and life skills groups, wellness initiatives, social network supports) available to students on campus. Include the locations.
  - Current Referral Network with on and off campus providers. Procedures for communication with off-campus providers and maintaining and updating contacts.
  - Type of emergency services used by campus for students in crisis.
  - Describe how your campus interacts and partners with mental health promotion programs, alcohol and substance abuse prevention programs, interpersonal/violence prevention programs and other high risk public health challenges on campus. If you have a suicide prevention and/or crisis response plan, include it in **Attachment 5**.
2. Identify the sources of the data provided to develop the Statement of Need. Documentation of need may come from a variety of qualitative and quantitative sources. College campus-related data sources may include the National College Health Assessment, Healthy Minds Study, Association of University and College

Counseling Center Director surveys. Additional examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

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

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.
2. Describe each activity you plan to address (as outlined in [Section 2.1](#) Required Activities). For each activity you must describe the 1) problem/issue the activity aims to address; 2) a description of the type of programs, activities, and strategies used to address the issue/problem; and 3) goals that articulate specific, measurable outcomes. It is not required that you select all six activities.
3. Describe how the proposed project will address the needs of the populations described in Statement of Need (Section A). Also, provide a specific plan to meet the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention, including but not limited to LGBT individuals, AI/AN individuals, student veterans and military families.
4. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: <https://www.thinkculturalhealth.hhs.gov/>.
5. Describe the role of campus senior administrative leadership with the proposed grant. Also, describe all on and off-campus services, organizations, or providers that will participate in the proposed project, including their roles and responsibilities and their relevant experience (e.g., public/campus health, behavioral health, suicide prevention, and culturally appropriate/competent services). Demonstrate their commitment to the project. Include Letters of Commitment in **Attachment 1** of your application. Applicants must describe how they will partner with other prevention and/or health/wellness related programs on campus and with the GLS State and Tribal grantee.
6. Describe how achievement of goals will increase system capacity to support effective behavioral health services, as well as other public health issues on campus such as interpersonal violence and sexual assault. Include a description how stakeholders and resources both on and off campus can help implement the

needed infrastructure development. For example, if the counseling center lacks the capacity to meet increased demand that may result from this grant, outline the steps to be taken to increase capacity before beginning programming.

7. Provide a chart or graph depicting a realistic program implementation time line for the entire project period. The timeline should show 1) specific activities and tasks to be completed 2) needed resources 3) responsible staff 4) and expected completion dates. These key activities would be those addressed in Section B #2 above [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

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

1. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each, their level of effort/ dedicated time on project, and qualifications.
2. Discuss how key staff has demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

### **Section D: Data Collection and Performance Measurement (15 points)**

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this FOA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.
2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies and stakeholders.
3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
4. 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.
5. Explicitly state your willingness to: (1) collaborate with the Suicide Prevention cross-site evaluation; (2) comply with all of CMHS' necessary GPRA

requirements, including submitting your GPRA data via the Web-based Transformation Accountability system (TRAC), and (3) annually report the results of your local performance assessment.

6. Describe how you will monitor deaths by suicide and suicide attempts and how you will use this information to further inform your suicide prevention efforts.

### **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 B – Sample Budget and Justification](#) of this document. **It is highly recommended that you use the Sample Budget format in [Appendix B](#). This will expedite review of your application.**

Be sure 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: Section II-3.1, Required Application Components](#).)**

## **REQUIRED SUPPORTING DOCUMENTATION**

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

See PART II: Appendix D, 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. **Failure to include these procedures will impact the review of your application.** See [Appendix A](#) of this document for guidelines on these requirements.

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

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the CMHS 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; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

## **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>

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Rosalyn Blogier, LCSW-C  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 14E89B  
Rockville, MD 20857  
(240) 276-1842  
[rosalyn.blogier@samhsa.hhs.gov](mailto:rosalyn.blogier@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1408  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

# Appendix A – 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 obtain 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 B – Sample Budget and Justification (match required)

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

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

### FEDERAL REQUEST

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

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

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

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

**NON-FEDERAL MATCH**

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

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

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

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

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

**B. Fringe Benefits:** List all components of fringe benefits rate

**FEDERAL REQUEST**

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

**NON-FEDERAL MATCH**

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

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

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

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

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400

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

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

- (1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.
- (2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle (POV) reimbursement rate. If policy does not have a rate use GSA.

**NON-FEDERAL MATCH**

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	\$150/flight x 2 persons	\$300
		Hotel	\$155/night x 2 persons x 2 nights	\$620
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184

Purpose of Travel	Location	Item	Rate	Cost
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	\$133
			<b>TOTAL</b>	<b>\$1,237</b>

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

(1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

(2) Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

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

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

**D. Equipment:** an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF424A)      **\$0**

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

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

**FEDERAL REQUEST**

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

Item(s)	Rate	Cost
Copies	8000 copies x .10/copy	\$800
	<b>TOTAL</b>	<b>\$3,796</b>

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

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

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

**NON-FEDERAL MATCH**

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Bookcase	\$75	\$75
Digital camera	\$300	\$300
Fax machine	\$150	\$150
Computer	\$500	\$500
Postage	\$37/mo. x 4 mo	\$148
	<b>TOTAL</b>	<b>\$1,773</b>

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

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

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

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

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

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

**FEDERAL REQUEST**

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

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

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

- (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 and is knowledgeable about the target population 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, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

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

**NON-FEDERAL MATCH (Consultant)**

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

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

- (1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.

- (2) Travel is based on average distance between facilitator's location and the meeting site.  
Mileage rate is based on POV reimbursement rate.

**NON-FEDERAL MATCH (Contract)**

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

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

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

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

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

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

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

Item	Rate	Cost
	<b>TOTAL</b>	<b>\$15,815</b>

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

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

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

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

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

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

#### **NON-FEDERAL MATCH**

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

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

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

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

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

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

**Indirect cost rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>. **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 SF424A)

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

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe(.08 x \$26,037) **\$2,083**

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**TOTAL DIRECT CHARGES:**

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

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

**INDIRECT CHARGES:**

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

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

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

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

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

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**UNDER 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 all funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or other non-federal means. [Note: Please see Appendix D, Funding Restrictions, regarding allowable costs.]**

**Provide the total proposed Project Period Federal & Non-Federal funding as follows:**

**Proposed Project Period**

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

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

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *
Personnel	\$52,765	\$21,580	\$54,348	\$1,338	\$55,978	\$40,000
Fringe	\$10,896	\$4,457	\$11,223	\$275	\$11,558	\$8,260
Travel	\$2,444	\$1,237	\$2,444	\$2,000	\$2,444	\$1,500
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$1,773	\$3,796	\$2,000	\$3,796	\$2,000
Contractual	\$86,997	\$26,051	\$86,997	\$67,000	\$86,997	\$15,000
Other	\$15,815	\$4,250	\$13,752	\$52,387	\$11,629	\$5,786
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$59,348</b>	<b>\$172,560</b>	<b>\$125,000</b>	<b>\$172,403</b>	<b>\$72,546</b>
Indirect Charges	\$5,093	\$2,083	\$5,246	\$129	\$5,403	\$3,861

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *
Total Project Costs	\$177,806	\$61,431	\$177,806	\$125,129	\$177,806	\$76,407

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

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

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

**\* FOR REQUESTED FUTURE YEARS:**

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

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

## Appendix C – Background Information

According to the United States Department of Education, approximately 21.5 million students were expected to be enrolled in almost 4,600 colleges and universities in fall 2016 <http://nces.ed.gov/fastfacts/display.asp?id=372>.

In the 2014 National Survey of College Counseling, a startling 88 percent of directors reported an increase in the number of students they saw with severe psychological problems <http://www.iacsinc.org/home.html>. This is likely due in part to successes in the mental health system; that is, early diagnosis and improved treatment for children and adolescents enable more young people with pre-existing psychiatric disorders to pursue higher education now than was true in the past. This same survey also found that of the 106 student deaths by suicide in the past year, 21% were current or former center clients, thus encouraging the need for outreach to students, in general.

Additionally, the 2015 Association for University and College Counseling Center Directors' Survey results indicated that anxiety continued to be the most predominant presenting concern among college students (47.3 down from 47.4% in 2014), followed by depression (40.13, up from 39.7% in 2014). Other common concerns were suicidal ideation (20.19, up from 18.3% in 2014), alcohol abuse (10.58, down from 10.67% in 2014), and sexual assault (8.3, down from 9.1% in 2014). <http://www.aucccd.org/director-surveys-public>

Furthermore, the American College Health Association's 2015 Spring National College Health Assessment (NCHA), which surveyed 93,034 students in 108 institutions of higher education, found that, within the past year:

- 85.6% of students reported feeling overwhelmed by all they had to do;
- 34.4% of students have felt so depressed it was difficult to function;
- 47.7% of students reported feeling hopeless, and
- 6.3% of students had intentionally cut, burned, bruised or otherwise injured themselves;
- 8.9% of students seriously considered suicide; and
- 1.4% of students attempted suicide

[http://www.acha-ncha.org/reports\\_ACHA-NCHAIb.html](http://www.acha-ncha.org/reports_ACHA-NCHAIb.html)

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

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

Such a comprehensive approach will be more effective when it includes consistent and coordinated activities in all the social spheres in which the target audience (in this case, college students) live, study, work, and play. A comprehensive approach also needs to engage key players in the college community in a planning process that focuses on assessment, design, implementation, and evaluation of suicide prevention activities. It should also promote help-seeking behavior among students, and avoid negative attitudes, or discouraging help-seeking behavior.

#### References and Other Useful Resources:

American College Health Association. (2015). National College Health Assessment, Reference Group Executive Summary, Spring 2014

[http://www.acha-ncha.org/reports\\_ACHA-NCHA11b.html](http://www.acha-ncha.org/reports_ACHA-NCHA11b.html)

AUCCCD (Association of University and College Counseling Center Directors) 2015 Monograph <http://www.aucccd.org/director-surveys-public>

Gallagher, R. P. (Ed.). (2014). National Survey of Counseling Centers, 2014. University of Pittsburgh <http://www.iacsinc.org/home.html>

National Strategy for Suicide Prevention (NSSP):

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

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

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

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

## Appendix D – FOA Glossary

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

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

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

**Cultural Competence:** Cultural competence is a critical component of all SAMHSA grant programs. The guidelines on the following Web page can help ensure appropriate attention to cultural competence in planning programs:  
<https://www.thinkculturalhealth.hhs.gov/>

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

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

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

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

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

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

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

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

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

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

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