

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

**Cooperative Agreements for Tribal Behavioral Health
(Short Title: Native Connections)**

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-17-005

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:

Application Deadline	Applications are due by March 9, 2017.
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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), and the Center for Substance Abuse Prevention (CSAP) are accepting applications for fiscal year (FY) 2017 Cooperative Agreements for Tribal Behavioral Health (Short Title: Native Connections). The purpose of this program is to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native (AI/AN) young people up to and including age 24.

Funding Opportunity Title:	Tribal Behavioral Health Grant (Short Title: Native Connections)
Funding Opportunity Number:	SM-17-005
Due Date for Applications:	March 9, 2017
Anticipated Total Available Funding:	\$6.4 million (Up to \$2.56 million or 40 percent from CMHS's Tribal Behavioral Health Program and up to \$3.84 million or 60 percent from CSAP's Tribal Behavioral Health Program).
Estimated Number of Awards:	32
Estimated Award Amount:	Up to \$200,000 per year. Each grant award will consist of 40 percent CMHS funds and 60 percent CSAT funds, even if the applicant requests less than the maximum award amount.
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	American Indian/Alaska Native tribes, tribal organizations, consortia of tribes or tribal organizations, and urban Indian organizations. [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.

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

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), and the Center for Substance Abuse Prevention (CSAP) are accepting applications for fiscal year (FY) 2017 Cooperative Agreements for Tribal Behavioral Health (Short Title: Native Connections). The purpose of this program is to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native (AI/AN) young people up to and including age 24.

The goals of this program fall within two of SAMHSA's Strategic Initiatives: *Prevention of Substance Abuse and Mental Illness*, and *Trauma and Justice*. This program will help grantees reduce the impact of mental and substance use disorders and will foster culturally responsive models to reduce and respond to the impact of trauma on AI/AN communities through a public health approach. In addition, this grant will allow AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies.

Native Connections grants are authorized under 520A and 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and/or Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

Although each grantee's program will be different and reflect the needs, values, and culture of their community ("community" means tribe, village, tribal organization, or

consortium of tribes or tribal organizations), all programs will have some common elements. Grantees must:

- Develop and implement an array of integrated services and supports designed to reduce the impact of mental and substance use disorders and complex trauma and to prevent suicide.
- Involve AI/AN community members in all grant activities, including planning and carrying out the plan. Community members must include—but need not be limited to—young people up to and including age 24, their families, tribal leaders, elders, and spiritual advisors.
- Assess community needs and strengths related to preventing and reducing suicides and substance use among tribal young people.
- Assess needs, identify gaps, and develop a plan that the tribe will pilot in subsequent years of the grant. If an assessment has not been conducted in the 18 months prior to award, grantees will be required to assess their community's behavioral health improvement readiness level using a Community Needs Assessment, a Community Readiness Assessment, and create a Community Resource/Asset Map. Information about the model and developing these plans can be found at <http://www.nccr.colostate.edu>. In the case of a consortium of tribal organizations, each participating area will be required to conduct a Community Readiness Assessment as part of this grant program.
- Identify and connect the behavioral health services organizations that exist in their community, identify the gaps, and develop and pilot a plan to fill the gaps.
- Address behavioral health conditions that affect learning in the Bureau of Indian Education (BIE) schools.
- Lead efforts to improve coordination among mental health, trauma, suicide prevention, and prevention services for tribal young people and their families.
- Use strategies that have been shown to be effective or promising in Native communities, including practice-based and culture-based tribal practices, with the option of also using innovative activities that relate to the goal of reducing the impact of trauma, reducing or preventing suicidal behaviors, preventing substance use, and promoting mental health. Evidence-based strategies can be found in SAMHSA's National Registry of Evidence-Based Practices and Program (NREPP) <http://www.nrepp.samhsa.gov> and Suicide Prevention Resource Center.
- Work with SAMHSA's Tribal Training and Technical Assistance Center, which will help grantees meet the goals of the grant and provide opportunities to learn with and from other tribes in this grant program.

- Work with SAMHSA’s evaluation contractor to develop the infrastructure to collect surveillance data on suicide attempts, suicide deaths, underage drinking, etc.

It is expected that the key staff will contribute to the programmatic development or execution of the project in a substantive, measurable way. The key staff for this program will be the Project Director and Evaluator.

Applicants must submit one budget that includes a column for CMHS-requested funds (40 percent) and a column for CSAP-requested funds (60 percent). (See [Appendix B – Sample Budget and Justification](#)).

Native Connections 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. 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.](#))

The Tribal Law and Order Act of 2010 (Public Law 111-211) requires SAMHSA and its federal partners to cooperate with tribes who have elected to adopt a resolution to develop a Tribal Action Plan (TAP). A TAP is a tribal-specific strategic action plan that is developed through an inclusive process with the goal of improving the overall quality of health and wellness. TAPs proactively support the coordination of resources and programs relevant to the prevention and treatment of alcohol and substance use disorders. Critical TAP components include: working with the community to identify urgent or emerging substance use issues; identifying strengths and resources; assessing needs and resources; identifying gaps in services; and coordinating available resources and programs.

Model frameworks used in developing TAPs such as the Community Readiness Model and SAMHSA’s Strategic Prevention Framework are consistent with activities supported by this FOA. Tribes who have developed a TAP within the past 18 months or who are in the process of developing a TAP are encouraged to include content from their TAP or their TAP that is in development in responding to this announcement. Specifically, using appropriate content from the tribe’s TAP, or gathered as part of the TAP development process, that contributes to the tribe’s narrative on The History and Current Situation in Your Tribal Community (Section A) and the Proposed Approach (Section B) is encouraged.

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent¹ of all cigarettes smoked and can experience serious health consequences². 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 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

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.

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

Native Connections grant funds must be used primarily to support infrastructure development, including the following types of activities:

Activities in Year 1

Grantees will work with their Government Project Officer (GPO) and the Tribal Training and Technical Assistance Center to develop a plan to support the tribe's work. By the end of Year 1, grantees will have developed and submitted a written plan that they will pilot in subsequent years. This plan must be approved by the GPO before activities in Years 2-5 may begin. Examples of activities that grant funds can support in Year 1 include:

- Hiring staff.
- Developing a process and structure that involves the community in guiding all grant efforts, including planning, carrying out the plan, and evaluation.
- Conducting a Community System Analysis, a Community Needs Assessment, a Community Readiness Assessment, and creating a Community Resource/Asset Map that addresses both suicide prevention and substance abuse prevention. Information about the model and developing these plans can be found at <http://www.nccr.colostate.edu>.
- Mobilizing SAMHSA's Strategic Prevention Framework (SPF), a five-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.
- Developing policies and procedures to promote coordination across youth-serving agencies. These may include:
 - Standards of care for suicidal young people;
 - Processes for helping young people transition into care and from one agency to another;

- The role of local traditional healing/helping practices in supporting suicide prevention, and substance abuse prevention among young people and their families; and
- The role of western/clinical mental health practices in supporting suicide prevention among young people and their families.

Grantees will also be required to do the following in Year 1:

- Develop or revise protocols to ensure that youth who are at high risk for suicide, including those who attempt suicide and use substances, receive follow-up services to ease their transition into treatment.
- Develop or revise protocols for responding to suicides, suicide attempts, and clusters. Designed to promote community healing and reduce the possibility of contagion (suicides following and connected to an initial suicide), these “postvention” protocols will reflect the traditions and culture of the tribe, tribal organization, or consortium of tribes or tribal organizations.
- Work with their Government Project Officer and the Tribal Training and Technical Assistance Center to create their plan for Years 2 through 5. The GPO must approve this plan before Year 2 through 5 activities may begin.

Activities in Years 2 through 5

- Grantees will work with their Government Project Officer and the Tribal Training and Technical Assistance Center to implement the plan developed in Year One.
- In their plans, grantees can include one, two, or three tiers of prevention strategies that were prioritized by their community during the planning process (“community” means your tribe, village, tribal organization, or consortium of tribes or tribal organizations).
 - **Universal prevention strategies**, which focus on all young people through age 24, regardless of risk of suicide and substance use;
 - **Selective prevention strategies**, which focus on subgroups of young people through age 24 for whom suicide or substance use is much higher than average; and
 - **Indicated prevention strategies**, which are designed for young people through age 24 who are at high risk for suicide or substance use who have already attempted suicide, and who are using or misusing substances.

2.2 Other Allowable Activities

SAMHSA's Native Connections grants will also support the following types of activities:

Tier 1 – Universal Prevention Strategies: If the grantee prioritizes this tier, grant funds will be used for mental health promotion, suicide prevention, and/or substance abuse prevention strategies for all young people in the community or in settings such as schools or community centers. It is expected that cultural values and traditions will be a strong part of the strategies, since they can help protect people against mental health and substance use problems. Grantees will look at youth programming that already exists in their communities and consider integrating mental health promotion, suicide prevention, and substance use prevention activities into those programs.

Grant funds may be used to support, for example:

- Building culturally responsive models to reduce the impact of trauma and integrate mental health promotion, suicide prevention, and substance abuse prevention into existing programs in tribal communities that serve this population or, if these programs don't exist, creating new youth-serving programs that address these areas (e.g., broader activities in communities such as after school programs, sports leagues, job training programs, language revitalization/preservation programs).
- Launching a new suicide prevention public awareness initiative (including social media outreach and awareness) that includes an action item (e.g., what to do if you are worried about a friend).
- Conducting community events to address community historical trauma, begin collective conversations, and build consensus on solutions (e.g., Gathering of Native Americans/GONAs).
- Training and/or credentialing community members and service providers in suicide and substance use prevention.
- Conducting mental health promotion activities in universal settings such as schools.

Tier 2 – Selective Prevention Strategies: If the grantee prioritizes this tier, grant funds will ensure that at-risk young people up to and including age 24 are assessed for the presence of suicide and/or mental illness warning signs and substance use (including alcohol), and that they and their families (as appropriate) are connected to effective prevention activities, services, and interventions.

- Grantees must connect young people at high risk to appropriate crisis and care services.
- Grantees must collaborate with public and private partners across systems, including entities such as tribal education, juvenile justice, foster care, mental health, and substance use systems, to ensure effective communication and referral processes.

Tier 3 – Indicated Prevention Strategies: If the grantee prioritizes this tier, grant funds will ensure that young people, especially those who have attempted suicide and those who use substances, receive follow-up services to ensure effective care delivery and care transition, and effective response to subsequent needs, including recovery support services. For example, grantees may include efforts to reduce access to lethal means, such as weapons and medications, among tribal members with identified suicide risk.

In Years 2 through 5, grantees must select strategies that are evidence-based, practice-based and culturally-based, and shown effective or promising in Native communities. Such strategies can be found in SAMHSA’s National Registry of Evidence-Based Practices and Programs (NREPP) <http://www.nrepp.samhsa.gov> and SPRC’s Resources and Programs site <http://www.sprc.org/resources-programs>. In addition to programs from these registries, grantees may develop and implement innovative strategies that they can show relate to the goals of this grant.

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 behavioral health policy changes or new policies created as a result of the grant.
- The number of organizations that will be collaborating and working together, as a result of the grant.
- The number of community organizations that regularly obtain, analyze, and use mental-health related data as a result of the grant.
- The number of individuals in the community contacted through program outreach efforts.
- The number of programs/organizations in your community that implemented evidence-based mental health related practices/activities as a result of the grant.
- The number of youth age 10 through 24 who received follow-up care after a screening, referral, or attempt.

- The number of participants receiving evidence-based mental health related services as a result of the grant.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. Data are to be entered into a web based system and entered quarterly. More information on the data collection required can be accessed at <https://www.cmhs-gpra.samhsa.gov/>.

Grantees will receive technical assistance for their local data collection, suicide surveillance system development, service delivery systems analysis, and community readiness assessments.

In addition, but not limited to the GPRA measures mentioned above, grantees are being asked to collect the following measures for which technical assistance will be provided if needed.

Mental Health Measures:

- The number of substance-related emergency room visits in your community.
- The number of suicide-related emergency room visits in your community.

Prevention Measures:

- Number of active collaborators/partners supporting the grantee's comprehensive prevention approach.
- Number of people served and/or reached by demographic group and targeted population.
- Percentage of communities that report an increase in prevention activities supported by leveraging of resources.
- Number of alcohol-related emergency room visits in your community.
- The rate of underage drinking in their community.

In Years 2 through 5, grantees will continue to report on the performance measures outlined above, as well as work with SAMHSA's evaluation contractor to conduct an evaluability assessment. This assessment will include community member interviews, focus groups, and community surveys to determine:

- Whether the community has a well-defined intervention/program design, consistent implementation of program activities, reliable data systems, and capacity to measure implementation and outcomes;
- Which sources of existing data are already available for population-level or community-level data;

- Where there is overlap in the available data sources in the community (an indication that inclusion in a national evaluation is possible);
- To what extent the project is successful in reaching intended health outcomes;
- To what extent the program staff has the interest and capacity to participate in a formal evaluation; and
- Building on the results of the evaluability assessment, grantees with the capacity to participate in a formal evaluation may be required to participate in a cross-site evaluation designed to measure the extent to which the project is successful in reaching intended health outcomes, such as reduced suicidal behavior and substance use.

These data collection activities will help tribes, tribal organizations, and/or consortia of tribes or tribal organizations develop their own tracking systems to follow up with high-risk youth and increase their prevention capacity. This evaluation will be used to understand the impact of grant activities on their tribe in areas of prevention of substance use, suicides, suicide attempts, and substance use-related emergency department visits. The evaluation will also help grantees use data on suicidal behavior and substance use to improve their own efforts, and understand the extent of the problem in their tribes.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.4 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 community readiness assessment is designed to help determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Community readiness assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted annually. Grantees should use the community readiness assessment to find out:

- Whether they are reaching the goals they set for the grant.
- Whether the grant is having the impact they want it to have in their community.
- Whether community readiness scores are rising in key dimensions.
- Whether they need to make adjustments to their project.

Grantees will be required to report on their progress, challenges they've faced, and what they've done to overcome those challenges in a report that should be submitted at

least two times per grant year. The grantee's SAMHSA Government Project Officer will work with them on the format of this report after the grant has been awarded.

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

2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in years two and four 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 Spokane WA, area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$6.4 million (40 percent from CMHS's Tribal Behavioral Health Program and 60 percent from CSAP's Tribal Behavioral Health Program)

Estimated Number of Awards: 32

Estimated Award Amount: Up to \$200,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$200,000 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.

CMHS and CSAP are jointly funding awards in this FOA to allow successful applicants to focus on preventing and reducing suicidal behavior and substance use, addressing trauma, and promoting mental health among American Indian/Alaska Native young people up to and including age 24.

Each grant award will consist of 40 percent CMHS funds and 60 percent CSAP funds, even if the applicant requests less than the maximum award amount. This allocation of

CMHS and CSAP funds should be reflected in your budget as shown in [Appendix B Sample Budget and Justification](#).

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Cooperative Agreement

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

Role of Grantee:

The role of the grantee is to follow the terms of the award and all federal rules and regulations, and to do the following:

- Ask the Government Project Officer to approve the person you want to hire to fill a key staff position. Key positions include, but are not limited to, Project Director and Evaluator;
- Work with and follow guidance from SAMHSA staff on how to achieve the project's goals;
- Maintain regular and ongoing communication with SAMHSA, keeping federal program staff informed of emerging issues, developments, and problems. This includes participation in monthly status conference calls with the grantee's Government Project Officer;
- Include the Government Project Officer on project, policy, steering, advisory, or other task forces;
- Work with SAMHSA's evaluation contractor and with the technical assistance provider; and
- Participate in data/program performance assessment efforts explained in [Sections I-2.3](#) and [I-2.4](#) of this FOA.

Role of SAMHSA Staff:

- Provide programmatic leadership and oversight;
- Approve proposed key positions/personnel;
- Help link grantees to other SAMHSA/federal government resources and appropriate technical assistance;
- Host monthly status conference calls to receive regular updates on grant progress;
- Closely monitor grant activities, grant progress, and impact;
- Provide feedback on strategic action planning and recurring reports;

- Assist grant staff in identifying community strengths, needs, and gaps;
- Support grant staff in navigating the federal system of reporting;
- Ensure that data and periodic status reporting from the grantee is complete and thorough;
- Ensure that the grant activities are responsive to the goals of this grant and to SAMHSA's mission; and
- Help grantees work with other SAMHSA and federally funded health and behavioral health initiatives, including the Community Mental Health and the Substance Abuse Prevention and Treatment Block grant programs, the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and the National Suicide Prevention Lifeline, as appropriate.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, urban Indian organizations, and consortia of tribes or tribal organizations.

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

Urban Indian Organization (UIO) (as identified by the Office of Indian Health Service Urban Indian Health Programs through active Title V grants/contracts) means a non-profit corporate body situated in an urban center governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested individuals and groups, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C.1653(a). UIOs are not tribes or tribal governments and do not have the same consultation rights or trust relationship with the federal government.

The purpose of this program is to address trauma, prevent and reduce suicidal behavior and substance use among AI/AN young people; therefore, SAMHSA is limiting eligibility to AI/AN tribes, tribal organizations, consortia of tribes or tribal organizations, and urban Indian organizations.

Grantees that received an award under the Cooperative Agreements for Tribal Behavioral Health (Native Connections) FOA # SM-16-010 and SM-14-013 are not eligible to apply in order to broaden the reach in AI/AN tribes, tribal organizations,

consortia of tribes or tribal organizations, and urban Indian organizations. Only one application per applicant will be accepted and reviewed.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

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 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).

- **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: Section II-3.1, Required Application Components.)
- **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. 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).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on March 9, 2017.

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.
- Applicants must submit a budget that reflects a split of 40 percent CMHS funds and 60 percent CSAT funds.

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: The History and Current Situation in Your Tribal Community (15 points)

1. In your community/ies (“community” means your tribe, village, tribal organization, or consortium of tribes or tribal organizations) describe the impact of substance use, suicides, and suicide attempts among young people, up to and including age 24. Indicate any group(s) of suicides or suicide attempts (or both) among young people that occurred close together in time and space (also known as “suicide clusters”). Indicate when those clusters occurred and the effect on your community.
2. Describe your community/ies, including information on race, ethnicity, religion/spirituality, gender (including two-spirit, if applicable), sexual orientation, age range, geographic location, language, and disability. Include any historical context that is important for SAMHSA to understand about the current status of your community/ies, i.e., relocation.
3. Describe current suicide prevention, substance abuse prevention, trauma related, and mental health promotion activities happening in your community/ies for young people up to and including age 24 and their families. Indicate which organizations/entities are currently offering these activities and where the resources come from to support them.

Section B: Proposed Approach (35 points)

1. Describe your community/ies’ vision for suicide prevention, substance abuse prevention, addressing trauma, and mental health promotion. Based on what you know now, which prevention tiers (Tier 1: Universal; Tier 2: Selective; Tier 3: Indicated) do you expect to propose grant activities beyond Year 1? Please

address the following and be sure to include the number and letter (i.e., 1-a, 1-b, etc.) for each response:

- a. What is your rationale for prioritizing this tier(s) in your community/ies?
 - b. What activities are currently taking place and to what extent in this tier(s)?
 - c. What are the current gaps, including disconnection between available services and unmet needs, in this tier(s)?
 - d. How do you anticipate that addressing this tier(s) will help you meet your goals?
 - e. What is the anticipated impact of adding programming in this tier(s)?
 - f. If you are selecting only one or two tiers for your grant focus, please provide a rationale for not choosing to address all three tiers with these grant funds (for instance, existing resources in your community/ies are currently meeting prevention needs in that tier).
2. Describe the activities you propose to undertake in Year 1 from the list of activities in [Section I-2.1, *Activities in Year 1*](#), of this FOA. Explain why you selected these activities and how you will implement them.
 3. Describe how you will approach the development or revision of your “postvention protocols” for responding to suicides, suicide attempts, and clusters. Describe how your postvention protocols will reflect the traditions and culture of the community/ies, while promoting community healing and reducing the possibility of contagion (suicides following and connected to an initial suicide).
 4. Describe how you will approach the development or revision of your “suicide attempt follow-up protocol.” Describe how this protocol ensures that youth who are at high risk for suicide, including those who attempt suicide, receive follow-up services to ease their transition into treatment.
 5. Provide a chart or graph depicting a realistic time line for Year 1, showing dates of key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations \(Grant Activities\)](#). Include the timeline as part of this section rather than as an attachment.

Section C: Staff, Community Organization, and Relevant Experience (20 points)

1. Identify the department/division that will administer this project. Include a description of this entity, its function and its placement within an organizational chart. If the program is to be managed by a consortium or tribal organization, identify how the project office relates to member community/ies.

2. Discuss the capability and experience of the partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. If you are not partnering with any other organizations, indicate so in your response.
3. Provide a list of staff positions for the project, including the Project Director, Evaluator, 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, Evaluator, and key staff.
4. Describe the experience of identified staff in mental health promotion, suicide and substance abuse prevention work in community/ies.

Section D: Measures of Progress and Improvement (30 points)

1. Describe the community/ies' current ability to collect and report on the required performance measures, as specified in [Section I-2.3](#) of this FOA.
2. Describe how information collected for this grant will be used to improve the project over time and assure that the goals and objectives will be tracked and achieved.
3. Explain how information related to your project's process and outcomes will be routinely communicated to program staff, tribal/village leadership/councils, and stakeholders.
4. Describe your plan for conducting the local performance assessment, as specified in [Section I-2.4](#) of this FOA, and describe your community/ies' current ability to conduct the assessment.

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.

Section G: Existing Assessment/Protocols. Explain where suicide prevention, substance use prevention, and mental health promotion fit into the current priorities of your tribal/village leadership/council. Indicate to what extent previous suicide prevention, substance abuse prevention, and mental health promotion activities were supported by tribal/village leadership/council in the past.

- If you have conducted a Community Readiness Assessment on suicide prevention, substance abuse prevention, and/or mental health promotion in the past 18 months, please include the results in this section, including (at minimum) the date it was conducted, the behavioral health topic it focused on/measured, the dimensional score results and the overall score.

If you will be revising an existing/draft “postvention protocol” for responding to suicides, suicide attempts, and clusters, and/or your “suicide attempt follow-up protocol,” please include the existing draft(s) as part of this section.

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 and CSAP National Advisory Councils;
- 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 (FAPIS)].

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 will submit annual reports on progress achieved during the grant period, as well as a final report.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Dr. Michelle Carnes
 Suicide Prevention Branch
 Division of Prevention, Traumatic Stress & Special Programs
 Center for Mental Health Services
 Substance Abuse and Mental Health Services Administration
 240-276-1869
michelle.carnes@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

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 (no match required)

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

In preparing your budget, be sure to reflect a split of 40 percent CMHS funds and 60 percent CSAP funds.

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost	CMHS Costs	CSAP Costs	Grand Total
(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			\$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	CMHS Costs	CSAP Costs	Grand Total
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			\$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	CMHS Costs	CSAP Costs	Grand Total
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400			

Purpose of Travel	Location	Item	Rate	Cost	CMHS Costs	CSAP Costs	Grand Total
		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			\$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	CMHS Costs	CSAP Costs	Grand Total
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			\$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	CMHS Costs	CSAP Costs	Grand Total
(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			
(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			

Name	Service	Rate	Other	Cost	CMHS Costs	CSAP Costs	Grand Total
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000			
			TOTAL	\$86,997			\$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	CMHS Costs	CSAP Costs	Grand Total
(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			\$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: 09/30/2017
- b. End Date: 09/29/2021

BUDGET SUMMARY (should include future years, projected total and a 40 percent CMHS and CSAP split for each of the 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 G, Standard 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 includes a split of 40 percent CMHS funds and 60 percent CSAP funds. **Be sure the budget reflects the funding restrictions in Section IV-5 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
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