

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

Cooperative Agreements to Implement the National Strategy
for Suicide Prevention

(Short Title: National Strategy Grants)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SM-17-007

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

PART 1: Programmatic Guidance

Note to Applicants: This document MUST be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA) PART II: 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 April 17, 2017.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements to Implement the National Strategy for Suicide Prevention (Short Title: National Strategy Grants) grants. The purpose of this program is to support states in implementing the 2012 *National Strategy for Suicide Prevention* (NSSP) goals and objectives focused on preventing suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. nationally.

Funding Opportunity Title:	Cooperative Agreements to Implement the National Strategy for Suicide Prevention
Funding Opportunity Number:	SM-17-007
Due Date for Applications:	April 17, 2017
Anticipated Total Available Funding:	\$1,885,528
Estimated Number of Awards:	4
Estimated Award Amount:	Up to \$471,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	States, the District of Columbia, and territories. [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 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-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.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements to Implement the National Strategy for Suicide Prevention (Short Title: National Strategy Grants) grants. The purpose of this program is to support states in implementing the 2012 *National Strategy for Suicide Prevention* (NSSP) goals and objectives focused on preventing suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. nationally.

While youths have the highest rates of suicide attempts, middle aged adults have the highest number of deaths by suicide nationwide. Between 1999-2010 suicides among adults aged 35-64 increased by 28% (CDC MMWR, 62[17]: 321-325). These trends have continued through 2015. Suicide is also the second leading cause of death among adults 25-34 (CDC WISQARS Fatal Injury Data, 10 Leading Causes of Death Reports, 1999-2010). In 2010 more than 70 percent of the suicides in the U.S. took place among adults between ages 25-64 (CDC Fatal Injury Data, 1999-2010 US Suicide Deaths). Additionally, older adults, particularly males, have historically had the nation's highest suicide rates. The nation's suicide prevention efforts must address the issues of suicidal thoughts, plans, attempts, and deaths among adults to accomplish the goal of turning around the growth in deaths by suicide, and actually reducing that number significantly over the next few years.

National Strategy Grants is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible

after award. Service delivery should begin by the fourth month of the project at the latest.

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

2. EXPECTATIONS

SAMHSA expects the needs of adults be addressed by implementing Goals 8 and 9 of the NSSP and by utilizing community suicide prevention strategies identified in the NSSP that align with and are implemented in coordination with Goal 8 and Goal 9 activities. Applicants are encouraged to visit <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html> to access a copy of the 2012 National Strategy and <http://zerosuicide.sprc.org/> to review the Zero Suicide strategies and tools associated with the National Strategy.

Goals 8 and 9 of the NSSP state:

- Goal 8: Promote suicide prevention as a core component of health care services.
- Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

The key staff for this program will be the Project Director and Evaluator.

Required Activities:

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

- Implement initiatives statewide to ensure greatest reach and system change.
- Evaluate state plans to ensure they align with the NSSP and provide a plan for assuring suicide prevention activities are sustained post-grant award.
- Develop and implement a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities. This must include directly linking up with selected emergency departments and inpatient psychiatric facilities to ensure care transition and care coordination services.

- Establish follow-up and care transition protocols to help ensure patient safety, especially among high risk adults in health or behavioral health care settings who have attempted suicide or experienced a suicidal crisis, including those with serious mental illnesses. The plan should include how you will work with medical professionals including, but not limited to, primary care and emergency department personnel and ensure the transfer of relevant demographic and treatment information between the medical provider and the behavioral health entity.
- Provide, or assure provision of, suicide prevention training to community and clinical service providers and systems serving adults at risk. Clinical training conducted should include assessment of suicide risk and protective factors, use of best practice interventions to ensure safety (including lethal means safety), treatment of suicide risk, and follow-up to ensure continuity of care. Applicants must measure changes in provider's competence/confidence in each of the clinical training areas.
- Incorporate efforts to reduce access to lethal means among individuals with identified suicide risk. This effort will be done within all appropriate federal, state, and local laws.
- Work across state departments and systems in order to implement comprehensive suicide prevention. Relevant state agencies should include, but are not limited to, agencies responsible for Medicaid; health, mental health, and substance abuse; justice; corrections; labor; veterans affairs; and the National Guard.
- Work with VHA Medical Centers and CBOCS, state department of veteran affairs and national SAMHSA and VA suicide prevention resources to engage and intervene with veterans at risk for suicide but not currently receiving VHA services.
- Collaborate with mental health and substance use service settings, primary care and specialty behavioral health settings, integrated primary/behavioral health care delivery settings, emergency departments, and Lifeline crisis centers, including other relevant sectors such as workplace or justice settings. Develop a plan to ensure coordination across sectors. In support of the SuicideLifeline crisis centers, the state must ensure that at least 70 percent of the National Suicide Prevention Lifeline calls that originate within the state are answered by a Suicide Lifeline crisis center within the state, excluding callers who press one to be connected to the Veterans Crisis Line.

- Incorporate the input of suicide attempt and suicide loss survivors, including family members and friends.
- Demonstrate the impact of grant activities on adult suicide deaths and attempts within key sectors, including health and behavioral health, by utilizing timely surveillance data at the beginning, during, and at the end of their grant. Modify your efforts as needed during the grant cycle based on this surveillance data.

These initiatives must include, at a minimum, state mental health and substance use service settings, primary care and specialty behavioral health settings, integrated primary/behavioral health care delivery settings, crisis centers and emergency departments. If available, states must also work with other federally funded suicide prevention efforts to enhance reach and scope of grant goals.

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 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).

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that

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.

are not sufficiently covered by an individual's health insurance plan. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Recovery from mental and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition of recovery is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA 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. Approximately 20 percent of all suicides in the United States are by a veteran, the majority of who are not receiving VHA health care.

SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. However, SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix A](#) of this document for additional information about using EBPs. In Section C of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus. If an EBP does not exist/apply for your program/population(s) of focus, describe the service/practice you plan to implement as an appropriate alternative.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus. Indicate whether/how the practice(s) will be adapted for a specific population. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.
- Due to the developing nature of practices and programs in the suicide prevention field, practices that have not necessarily been shown to have an effective evidence base through evaluation may still be chosen to be utilized and modified if appropriate for the population of focus. The term "best practice" is being utilized for programs submitted to the Suicide Prevention Resource Center to allow for greater flexibility in choosing programming appropriate for emerging activities. Grantees must thoroughly explain choosing a non-EBP and how this will have the greatest potential for the impact of reducing suicidal behavior and death.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

[Note: See PART II: [Appendix C – Standard Funding Restrictions](#), regarding allowable costs for EBPs.]

2.2 Data Collection and Performance Measurement

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

- The number of policy changes (e.g., infrastructure and organizational)_completed as a result of the grant.
- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.
- The number of organizations that entered into formal written inter/intra-organization agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.
- The number of communities that establish management information/information technology system links across multiple agencies in order to share service population and service delivery as a result of the grant.
- The number and percentage of work group/advisory group/council members who are consumers/family members.
- The number of individuals contacted through program outreach efforts.
- The total number of contacts made through program outreach efforts.
- The number of programs/organizations/communities that implemented specific mental health-related practices/activities that are consistent with the goals of the grant.
- The number of programs/organizations/communities that implement specific mental health-related practices/activities as a result of the grant.
- The number of individuals screened for mental health or related interventions.
- The number of individuals referred to mental health or related services.
- The number and percentage of individuals receiving mental health or related services after referral.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov>. Data will be collected quarterly. Grantees will be provided training and technical assistance.

This collection of data will enable CMHS to report on key priority areas related to mental health. In addition, data collected will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, services, and outcomes nationwide.

In addition to these measures, grantees will be expected to provide annual reports and a final comprehensive report on the overall grant activities. The templates for these reports will be provided by your Government Project Officer (GPO).

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 outlined 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. You will also be required to participate in monthly conference calls with a project officer to discuss current progress as well as for review and feedback about performance assessments.

At a minimum, your performance assessment should include the required performance measures identified above. In addition, grantees must submit answers to the following questions in their quarterly reports to the SAMHSA GPO:

- Within the grant catchment area, how did the activities of the grant impact suicide deaths and non-fatal suicide attempts, including suicide deaths and attempts within key sectors such as health and behavioral health?
- How has the competence/confidence of health and behavioral health clinical staff changed over the course of the grant? In particular, how have the grant activities impacted clinical skills in the areas of:
 - assessment of suicide risk and protective factors;
 - formulation of a risk summary to inform the choice of intervention;
 - use of best practice interventions to ensure safety including lethal means safety, treatment of suicide risk, and follow-up to ensure continuity of care?
- How have the grant activities impacted the grantee's success in achieving the objectives of the NSSP they are trying to implement, including Goals 8 and 9?

You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at six-month follow-up?

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

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

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 [1-2.2](#) and [2.3](#) above.

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

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

- Developing partnerships in order to implement collaboration activities described in [Section 2: Expectations](#).
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program. Please note that grantees will be asked to demonstrate the impact of grant activities by measuring the competence/confidence of health and behavioral health clinical staff at the beginning, during, and end of their grant. Impact of grant activities on skills in the following areas must be measured: assessment of suicide risk and protective factors, formulation of a risk summary to inform the choice of intervention, use of best-practice interventions to ensure safety including lethal means safety, treatment of suicide risk, and follow-up to ensure continuity of care.
- Developing a plan for assuring that suicide prevention activities supported by this grant program will be sustained post-grant cycle.

2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director and Evaluator) to at least one grantee meeting in the first and third years of the grant. At these meetings, grantees will present the results of their projects, receive specialized technical assistance, and have opportunities to work with peers from other states. You must include a detailed budget and narrative for this travel in your budget. Assume that this will be a two-day meeting held in the Washington, D.C., area. Attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$1,885,528

Estimated Number of Awards: 4

Estimated Award Amount: Up to \$471,000

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed \$471,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 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 comply with the terms of the award and all cooperative agreement rules and regulations, and satisfactorily perform activities to achieve the goals described below:

- Seek SAMHSA approval for key positions to be filled. Key positions include, but are not limited to, the Project Director and Evaluator.
- Consult and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve the goals of the cooperative agreement.
- Maintain ongoing communication with SAMHSA, including a minimum of one call per month, keeping federal program staff informed of emerging issues, developments, and problems as appropriate.

- Include your Government Project Officer (GPO) on policy, steering, advisory, or other task forces.
- Maintain ongoing collaboration with the Suicide Prevention Resource Center and the National Suicide Prevention Lifeline.
- Work across state departments and systems in order to implement comprehensive suicide prevention.

Role of SAMHSA Staff:

- Approve proposed key positions/personnel.
- Facilitate linkages to other SAMHSA/federal government resources and help grantees access appropriate technical assistance.
- Assure that the grantee's projects are responsive to SAMHSA's mission, specifically the implementation of the 2012 *National Strategy for Suicide Prevention*.
- Promote collaboration with other SAMHSA and federal health and behavioral health initiatives including the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grant programs as well as the National Action Alliance for Suicide Prevention, National Suicide Prevention Lifeline, and the Suicide Prevention Resource Center.
- Provide technical assistance on sustainability issues.
- Review, provide feedback, and approve quarterly and annual reports submitted by the grantee.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State government agencies, including the District of Columbia and U.S. Territories.

No single state agency is mandated to be the lead for the National Strategy grants, as states differ in which state agency has taken the lead for suicide prevention (e.g., Department of Health, Department of Mental Health). Where states have a plan that designates a lead agency, that agency should act as the lead or should designate an alternative lead.

The purpose of this program is to support states in implementing the 2012 National Strategy for Suicide Prevention (NSSP) goals and objectives focused on preventing suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S. nationally.

The lead agencies for suicide prevention within states and territories are uniquely positioned and have the necessary statewide infrastructure in place to promote suicide prevention as a core component of health care services and to coordinate the required activities, including convening all other relevant state agencies to advise and/or participate in the initiative.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

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

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

Following application review, if your application's score is within the fundable range, the government project officer (GPO) may contact you to request that additional documentation be sent by email, or to verify that the documentation you submitted is complete.

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

IV. APPLICATION AND SUBMISSION INFORMATION

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

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation 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 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the

attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.

- **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them if you do.)** (4) the Statement of Assurance (provided in [Appendix B](#) of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the two-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** A copy of the state strategic plan, a state needs assessment, or a letter from the state indicating that the proposed project addresses a state-identified priority.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 17, 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 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

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 (DHHS) 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, 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: Population of Focus and Statement of Need (15 points)

1. Provide a comprehensive demographic profile of adults age 25 and older in terms of race, ethnicity, federally recognized tribe(s), language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) if available and other relevant factors, such as literacy.
2. Provide information regarding the rate of suicide among adults age 25 and older within your state as well as information regarding the overall number of suicides within your state and how this compares to the national average. If there are subgroups with higher rates, include this.
3. Describe the nature of the problem, including service gaps, and document the extent of need (i.e., current prevalence rates or incidence data for suicide ideation, attempts, and deaths by suicide). If data is available, discuss the prevalence of death by suicide and non-fatal suicide attempts by those receiving health and behavioral health services within the catchment area/state. Identify

the source of the data. The statement of need should include a clearly established baseline for the project, including suicide deaths and non-fatal suicide attempts for individuals age 25 and older.

Section B: Proposed Implementation Approach (30 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section E: Data Collection and Performance Measurement](#).
2. Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) including the impact on suicide deaths and suicide attempts, and how this will support SAMHSA's goals for the program.
3. Describe the proposed system-level change(s), the proposed impact, and your ability to implement the changes you've described. This must also include your understanding of, and ability to utilize, timely surveillance data of adult suicide deaths and non-fatal suicide attempts within key sectors (including health and behavioral health) at the start of your grant and your ability to modify your efforts based on data that become available during the course of your grant.
4. Describe how you will work across state departments and systems in order to implement comprehensive suicide prevention activities. Relevant state agencies should include, but are not limited to, agencies responsible for Medicaid; health, mental health, and substance abuse; justice; corrections; labor; veterans affairs; and the National Guard.
5. Provide a chart or graph depicting a realistic time line for the entire 3 years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award. The time line should be part of the Project Narrative. It should not be placed in an attachment.]
6. Describe how you will ensure the input of survivors of suicide attempt and suicide loss survivors, including family members and friends, in assessing, planning, and implementing your project.
7. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in

Attachment 1 of your application. Letter of commitment from provider organizations must include a statement that suicide prevention will be a priority within its system. If you are not partnering with any other organization(s), indicate so in your response.

8. Describe how you will utilize community suicide prevention strategies in alignment and coordination with implementation of Goals 8 and 9.
9. State the unduplicated number of individuals (including sub-populations), you propose to serve with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.
10. Describe your plan to establish follow-up and care transition protocols to help ensure patient safety, especially among high risk adults, including those with serious mental illnesses. Describe your plan to work with medical professionals to include, but not limited to, primary care and emergency department personnel and ensure the transfer of relevant demographic and treatment information between the medical provider and the behavioral health entity.
11. Describe your plan to provide, or assure provision of, suicide prevention trainings to community health and behavioral health clinical service providers in systems serving adults at risk. You must include your plans to measure the competence/confidence of the staff at the beginning, during, and at the end of the grant in five critical areas:
 - assessment of suicide risk and protective factors;
 - formulation of a risk summary to inform the choice of intervention;
 - use of best-practice interventions to ensure safety including lethal means safety, treatment of suicide risk; and
 - follow-up to ensure continuity of care.
12. Describe your plan to assure that at least 70 percent of National Suicide Prevention Lifeline calls originating within the state are answered within the state (excluding callers who press “one” to access the Veterans Crisis Line).

Section C: Proposed Evidence-Based Service/Practice (25 points)

1. Describe the Evidence-Based Practice(s) (EBPs), and/or best practices that will be used to help implement the *National Strategy for Suicide Prevention* and justify its (their) use for your population(s) of focus, your program, and the intent of this FOA. [See Appendix A: Using Evidence-Based Practices (EBPs).]

2. Describe how you will follow-up after discharge from an emergency department or inpatient unit after a non-fatal suicide attempt or crisis; this should include care transition and care coordination services. Describe how you plan to support Goal 8 of the NSSP (promote suicide prevention as a core component of health care services). You must also discuss how you will include mental health and substance use services, primary care and specialty behavioral health settings, integrated primary/behavioral health care delivery settings, and emergency departments. In addition to the health care sector, include other relevant sectors such as work place or justice settings.
3. Describe how you plan to support Goal 9 of the NSSP (promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors). You must also discuss how you will include mental health and substance use services, primary care and specialty behavioral health settings, integrated primary/behavioral health care delivery settings, and emergency departments. In addition to the health care sector, include other relevant sectors such as work place or justice settings.
4. Explain how your choice of an EBP and/or best practice will help you address disparities in service access, use, and outcomes for your population of focus.
5. Describe any modifications that will be made, the reasons the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
6. Describe your plan to incorporate efforts to reduce access to lethal means among individuals with identified suicide risk. Outline the EBP(s) and/or best practice(s) you plan to use. These efforts will be done within all appropriate federal, state, and local laws. [See Appendix A: Using Evidence-Based Practices (EBPs)]

Section D: Staff and Organizational Experience (10 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus. If you are not partnering with any other organizations, indicate so in your response.

3. Discuss the experience of the applicant in working with public/private suicide prevention coalitions, including working with survivors of suicide attempts and suicide loss who can help advise on the project.
4. Provide a complete 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.
5. Discuss how key staff members have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff members are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus. Please also discuss the applicant organization and staff's experience in suicide prevention.
6. Discuss experience or capability of the applicant organization and staff to effectively a) promote system-level change, b) perform intensive community work, c) incorporate substance abuse prevention and treatment providers into grant activities, and d) provide rapid follow-up to individuals who have attempted suicide or experienced a suicidal crisis following discharge from inpatient units and emergency departments.
7. Describe the applicant's experience with working across state departments and systems in order to implement comprehensive suicide prevention. Relevant state agencies should include, but are not limited to, agencies responsible for Medicaid; health, mental health, and substance abuse; justice; corrections; labor; veterans affairs; and the National Guard.

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

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

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

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this FOA and document your ability to conduct the

assessment, including the identification of data sources that can be used to assess the grant's impact on suicide deaths and non-fatal suicide attempts for individuals 25 and older.

4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how these data will inform the ongoing implementation of the project.

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix D - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix D](#). 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 F: Biographical Sketches and Position Descriptions.

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

Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section F of your application. **Failure to include these procedures will impact the review of your application.** See [Appendix C](#) 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:

James Wright, LCPC
Suicide Prevention Branch
Division of Prevention, Traumatic Stress, and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 14E85D
Rockville, Maryland 20857
(240) 276-1854
james.wright@samhsa.hhs.gov

For questions on grants management and budget issues contact:

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

Appendix A – Using Evidence-Based Practices (EBPs)

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

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

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

Resources for Evidence-Based Practices (EBPs):

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

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

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

Appendix B – Statement of Assurance

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

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.³ (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative

Date

³ Tribes and tribal organizations are exempt from these requirements.

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

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

3. Absence of Coercion

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

4. Data Collection

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

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

5. Privacy and Confidentiality

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

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will 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 D – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix C – 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 performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-5.**

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

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Total Infrastructure Costs	\$6,750	\$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