

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

Resiliency in Communities After Stress and Trauma
(Short Title: ReCAST Program)

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. SM-17-009

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 May 17, 2017.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by 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 Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Resiliency in Communities After Stress and Trauma (Short Title: ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Funding Opportunity Title:	Resiliency In Communities After Stress and Trauma (Short Title: ReCAST Program)
Funding Opportunity Number:	SM-17-009
Due Date for Applications:	May 17, 2017
Anticipated Total Available Funding:	\$2,500,000
Estimated Number of Awards:	Up to 2 awards
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	Local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months from the posting of this FOA. [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 Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Resiliency in Communities After Stress and Trauma (Short Title: ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

For the purposes of this FOA, civil unrest is defined as demonstrations of mass protest and mobilization, community harm, and disruption through violence often connected with law enforcement issues. Communities that have experienced civil unrest share similar characteristics¹:

¹ U.S. Department of Justice. Investigation of the Ferguson Police Department (2015). http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2015/03/04/ferguson_police_department_report.pdf

- Barriers to access and lack of social services, health care, legal and political representation, housing, employment, and education;
- Current and historic strains in community and public sector relationships, e.g., law enforcement, school, health, and/or housing and community relationships; and
- Racial/ethnic minority and marginalized populations with experiences of poverty and inequality.

The ReCAST Program closely aligns with SAMHSA's Recovery Support and Trauma and Justice Strategic Initiatives. More information on these Initiatives is available at: <http://www.samhsa.gov/about-us/strategic-initiatives>. In addition, this program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

ReCAST Program 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.

2. EXPECTATIONS

The ReCAST Program will promote resiliency and well-being for high-risk youth, families, and communities that have recently faced civil unrest and concomitant individual, familial, and community trauma. SAMHSA expects the ReCAST Program to be guided by a community-coalition of residents and community-based; non-profit organizations in partnership with such entities as health and human services providers, schools, and institutions of higher education; faith-based organizations; businesses, state and local government entities, and law enforcement; and employment, housing, and transportation services agencies.

The overall goal of the ReCAST Program is to provide communities that have experienced civil unrest within the past 24 months from the posting of this FOA, with equitable access to resources and services to ensure that high-risk youth and their families benefit from evidence-based violence prevention, community youth

engagement efforts, and linkages to trauma-informed behavioral health services² to strengthen the integration of behavioral health services and other community systems, and to build resilient and trauma-informed communities. Program goals include the following:

- Building a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches³;
- Creating more equitable access to trauma-informed community behavioral health resources;
- Strengthening the integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, and housing policies, can contribute to health outcomes;
- Creating community change through community-based, participatory approaches that promote community and youth engagement, leadership development, improved governance, and capacity building; and
- Ensuring that program services are culturally specific and developmentally appropriate.

SAMHSA will prioritize funding grants from communities that have formed partnerships between key stakeholders including state and local governments (including multiple cities and counties if impacted); public or private universities and colleges; and non-profit community and faith-based organizations. **Applicants must provide a signed Statement of Assurance identifying key partners with whom established partnerships exist (see Appendix IV).**

² Please refer to Appendix III for more information about trauma-informed behavioral health approaches and services.

³ Community-based, participatory approaches are guided by the eight principles of community-based, participatory research, as defined by Israel et. al., (1998). These include: recognizes community as a unit of identity; builds on strengths and resources within the community; facilitates collaborative partnerships in all phases of the research; integrates knowledge and action for mutual benefit of all partners; promotes a co-learning and empowering process that attends to social inequalities; involves a cyclical and iterative process; addresses health from both positive and ecological perspectives; disseminates findings and knowledge gained to all partners.

SAMHSA is and will continue to coordinate extensively with the Department of Education in the administration of this program. As part of the coordination activities, applications that include a signed Statement of Assurance (**see Appendix IV**) indicating that the applicant organization has consulted with the Authorized Representative of the Local Education Agency (LEA) will gain five (5) additional points. The applicant organization must also assure continued collaboration and partnership with the LEA in the proposed grant program. **The signed Statement of Assurance should be included in Attachment 5 of your application.** If the signed Statement of Assurance is not included in your application, you will **not** receive the five (5) additional points.

An additional five (5) points will be given to applications that include a signed Statement of Assurance (**see Appendix IV**) which confirms established partnerships with key partners (state and local governments, including multiple cities and counties if impacted); public or private universities and colleges; and non-profit community and faith-based organizations that are identified in the application. **The signed Statement of Assurance should be included in Attachment 5 of your application.** If the signed Statement of Assurance is not included in your application, you will **not** receive the five (5) additional points.

SAMHSA intends that delivery of services should begin no later than nine months after award.

If your application is funded, you will be expected to develop 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 percent⁴ of all cigarettes smoked and can experience serious health consequences⁵. A growing body of research shows that quitting smoking can improve mental health and addiction recovery

⁴ 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>

⁵ 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.

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 are not sufficiently covered by an individual's health insurance plan. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

2.1 Required Activities

The proposed project must include the following activities:

- Convene and engage a diverse coalition of stakeholders in the community, including LEAs, community leaders/members, family/youth representatives, local public agencies (e.g., behavioral health, law enforcement, health and human services providers, and other child, family, and community-serving providers) and other local partners (e.g., clergy and faith-based organizations, businesses, public or private universities or colleges, and non-profit organizations) to provide guidance and leadership on all grant activities.
- Identify a 1.0 Full-time Equivalent (FTE) Program Manager to lead, manage, and coordinate all grant activities.
- Within three months of the grant award, conduct a Community Needs and Resources Assessment. The community needs and resources assessment is intended to be a planned and purposeful process of gathering, analyzing, and reporting current data and information about the characteristics, needs, and resources of the community in which the proposed activities will be implemented and, in particular, the needs of high-risk youth and their families. The assessment should involve community members and focus on community-identified drivers of civil unrest, trauma, and violence. The Centers for Disease Control and Prevention's (CDC's) Community Health Assessment and Group Evaluation (CHANGE) tool is one example of a community needs and resource assessment plan. See the tool at: <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change/pdf/changeactionguide.pdf>.
- Within six months of the grant award, develop and implement a community strategic plan that outlines a common vision to address the goals of the program and builds partnerships and awareness of the issues faced by high-risk youth and

their families. A strategic plan can include a diverse array of activities, such as developing a set of core principles and values that reflect a community-based participatory partnership. For additional strategic plan activities, see the CDC's Racial and Ethnic Approaches to Community Health program website at: <http://www.cdc.gov/nccdphp/dch/programs/reach/index.htm>. All required activities should be addressed in the strategic plan.

- Within six months of the grant award, develop a memorandum of understanding that demonstrates the commitment of persons within the community in positions of leadership and authority to support all program activities.
- Identify and implement trauma-informed behavioral health services (e.g., Preventing Long-term Anger and Aggression in Youth of Color, Strengthening Black Families); evidence-based violence prevention and community engagement programs; and other culturally specific and developmentally appropriate strategies that address the needs of high-risk youth, families, and community members and that build community resilience.
- Provide training in trauma-informed approaches to first responders, educators, clergy, and health and human services providers to increase their ability to assist children, adolescents, adults, and all community members in the aftermath of civil unrest events.
- Provide peer support activities for high risk youth and families, such as support group facilitation, peer counseling, mentoring, goal setting, linking to resources, and supporting the development of self-advocacy and empowerment provided by Peer Supporters who have lived experience receiving mental health and substance abuse services.

2.2 Other Allowable Activities

SAMHSA's ReCAST Program grants will also support the following types of activities:

- Coordinate with housing and employment programs (e.g., Youth Build and Workforce Investment Act).
- Provide Mental Health First Aid, Youth Mental Health First Aid, and/or other mental health literacy trainings for first responders (e.g., police, firefighters, emergency services staff), school personnel, clergy, parents, health and human services providers, and other child, family, and community-serving providers.
- Provide cultural competency and implicit bias reduction training to educators, first responders, and other community service providers to increase awareness and acknowledgement of differences in language, age, culture, socio-economic status,

political and religious beliefs, sexual orientation and gender identity, and life experiences.

- Provide activities that address behavioral health disparities and the social determinants of health.
- Provide trainings for law enforcement that focus on increasing positive police-community relationships.
- Provide self-care activities for first responders, educators, and health and human services providers to reduce secondary traumatic stress known as compassion fatigue.
- Provide workforce training in behavioral health aspects related to disaster recovery and crisis response for mental health professionals, disaster recovery workers, and law enforcement, (e.g., Skills for Psychological Recovery, Psychological First Aid, and Crisis Intervention Team).
- Provide individual and group counseling for grief and loss to support children and adolescents and other family members.

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 individuals who have received training in trauma-informed approaches, violence prevention, mental health literacy, and other related trainings;
- The number of people in the health and human services workforce, including community services providers and first responders, receiving training in trauma-informed approaches, violence prevention strategies, and other related trainings;
- The number of organizations and community representatives that are collaborating/coordinating/sharing resources with each other as a result of the grant; and
- The number of people receiving trauma-informed behavioral health services.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. More information on the data collection required can be accessed at: <https://www.cmhs-gpra.samhsa.gov>, along with instructions for completing it. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports. Technical assistance for the web-based data entry and annual report generation is available.

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

Performance data will be reported to the public 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 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.

The project assessment and evaluation must describe the evaluation planning process, including, but not limited to, how community participation will be included, how data will be collected, reported, and analyzed for the required performance measures, and how the project evaluation will support data-driven decision-making with the goal of a continuous improvement process. The project evaluation plan must describe the specific strategies used to implement both process and outcome evaluations. At a minimum, your performance assessment should include the required performance measures identified above.

As part of the outcome evaluation, grantees must identify at least one outcome measure for high-risk youth and an outcome performance measure related to family engagement as it pertains to high-risk youth. An example of an outcome measure for high-risk youth could be decreased truancy. An example of a family engagement outcome could be increased participation in out of school time activities. Grantees must measure outcomes using the most rigorous methods feasible and must include the collection of baseline data prior to program implementation.

The following outcome and process questions for the planning and implementation phases of the grant program should also be considered:

Outcome Questions:

- What was the impact of the community strategic project plan?
- What program/contextual/cultural factors were associated with local community outcomes, including socio-economic factors?
- What factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How effectively did the project reach the intended population of focus?
- What were the barriers to interagency collaboration, partnership development, and shared decision-making and how were they addressed?

Process Questions:

- How closely did implementation match the community strategic plan within the community?
- As the grant progressed, what types of changes were made to the community strategic plan? What led to any changes in the original plan?
- What factors facilitated or hindered the development of the community strategic plan?
- How did the project engage community members, including high-risk youth and families?
- What policies within state and local government facilitated or hindered implementation of the proposed activities?
- What types of changes were made to address behavioral health disparities and disparities across service providers, including the use of CLAS standards, and best practices for cultural and linguistic competence?
- What types of activities did partners engage in that supported coordination of services and programs to improve outcomes for the community?
- 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)?
- How did collaborative decision-making within local government and local community partnerships support or hinder implementation of the community strategic plan?

No more than 15 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 representative team (including the Project Director and Program Manager) to at least one grantee meeting every other year of the grant. For this grant cohort, grantee meetings will likely be held in years two and four of the grant program. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: \$2,500,000

Estimated Number of Awards: 2

Estimated Award Amount: Up to \$1,000,000

Length of Project Period: Up to 5 years

Proposed Project:
Start Date: 9/30/2017
End Date: 9/29/2022

Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project. Given the limited funding available, applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

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.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months from the posting of this FOA. Grantees that received funding under SM-16-012 Resiliency in Communities after Stress and Trauma (ReCAST) are not eligible to apply.

For the purposes of this FOA, civil unrest is defined as demonstrations of mass protest and mobilization, civil disobedience, community harm, and disruption through violence often connected with law enforcement issues.

The purpose of the ReCAST Program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention and community youth engagement programs as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, and reductions in trauma and sustained community change.

The FY 2016 Appropriations included language that SAMHSA should prioritize funding grants from communities that have formed partnerships between key stakeholders including state and local governments (including multiple cities and counties if impacted); public or private universities and colleges; and non-profit community and faith-based organizations. Therefore, SAMHSA is limiting eligibility to local municipalities (e.g., counties, cities, and local governments) in partnership with community-based organizations that have faced civil unrest within the past 24 months from the posting of the FOA. SAMHSA believes that local municipalities are in the best position to implement a coordinated, public health approach that leads to improved behavioral health and sustained community change and to develop partnerships within the community that result in high-risk youth and their families having equitable access to resources and services.

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 all Sections of the SF-424A. Please note the following:
 - **In Line #17 of the SF-424** please input the following information: (Proposed Project: a. Start Date: 9/30/2017; b. End Date: 9/29/2022).
 - **Section A - Budget Information – Non-Construction Programs:** Use the first row only (Line 1) to report the total federal funds and non-federal funds requested for the 1st year of your project only.
 - **Section B – Budget Categories:** Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the 1st year of your project only.
 - **Section D – Forecasted Cash Needs:** Use the first column “*Total for 1st Year*” only to enter the amount requested (federal and non-federal) for Year 1 of the project period
 - **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project** is for the amount requested for Year 2, Year 3, Year 4, and Year 5.
- 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 E. Sections A-E 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: SectionII-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 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 – Reviewers will not consider them if you do.)
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).
 - **Attachment 5:** If you are seeking additional points for Section E in the Project Narrative, the following documents must be included in this attachment:
 - A signed Statement of Assurance indicating that the applicant organization has consulted with the Authorized Representative of the Local Education Agency (LEA) which confirms the LEA’s intent to partner and collaborate with you on this project.
 - A signed Statement of Assurance which confirms that the applicant organization has established partnerships with key partners (state and local governments, including multiple cities and counties if impacted); public or private universities and colleges; and non-profit community and faith-based organizations that are identified in the application.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **May 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 data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

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

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

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-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 25 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.

NOTE: APPLICANTS HAVE THE OPPORTUNITY TO GAIN UP TO 10 POINTS.

- **APPLICANTS PROVIDING A SIGNED STATEMENT OF ASSURANCE INDICATING THAT THE APPLICANT ORGANIZATION HAS CONSULTED WITH THE LEA AUTHORIZED REPRESENTATIVE WILL GAIN AN ADDITIONAL FIVE POINTS.**
- **APPLICANTS PROVIDING A SIGNED STATEMENT OF ASSURANCE CONFIRMING EXISTING PARTNERSHIPS WILL GAIN FIVE ADDITIONAL POINTS.**

Section A: Statement of Need (25 points)

1. Describe the incident(s) of civil unrest within the past 24 months from the posting of the FOA in your community which correspond(s) to the definition of civil unrest on page 5 of the FOA. Discuss the extent to which civil unrest has impacted the community and how the proposed community-based, participatory activities will benefit high-risk youth and their families.

2. Discuss the extent to which the following characteristics of civil unrest have impacted your community:
 - a. Barriers to access and lack of social services, health care, legal and political representation, housing, employment, and education;
 - b. Current and historic strains in community and public sector relationships (e.g., law enforcement, school, health, and/or housing and community relationships); and
 - c. Racial/ethnic minority and marginalized populations with the experiences of poverty and inequality.
3. Identify the community to be served and the population of focus. Discuss the characteristics and demographics of this community and surrounding areas to be served, including information on high-risk youth and their families.
4. Discuss the relationship of high-risk youth and their families to the overall population in the community, including any sub-population disparities relating to access and use of services within the community and outcomes.
5. Describe the community's current resource needs, gaps, and assets, including any challenges associated with access to or quality of services related to current trauma and violence prevention activities and services.
6. Describe the need for enhanced systems and services to support high-risk youth and their families with limited resources and high rates of trauma and violence.
7. Discuss the extent to which community members, including high-risk youth and families, were involved in providing input in this proposal.

Section B: Proposed Approach (30 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. This must relate to the intent of the FOA and performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Describe the extent to which achievement of goals will increase capacity to support the following:
 - Involvement of agencies and community members in the development and implementation of program activities;
 - Engagement of health/behavioral health care settings and non-health care settings (e.g., community colleges, law enforcement, faith-based, business community, employment programs, housing, etc.) in the development and implementation of the program activities;

- Building relationships across multiple types of providers (e.g., judges, mental health, case workers, probation officers);
 - Increasing access to trauma-informed behavioral health services for high-risk youth and their families; and
 - Training educators, health providers, clergy, law enforcement, first responders, and members of other community-based organizations in trauma-informed approaches.
3. Describe your existing or proposed diverse coalition of stakeholders in the community, including LEAs, community leaders/members, family/youth representatives, local public agencies (e.g., behavioral health, law enforcement, health and human services providers, and other child, family, and community-serving providers) and other local partners (e.g., clergy and faith-based organizations, public and private universities or colleges, businesses, and non-profits), and the extent to which they are representative of their community and the population of focus.
 4. Describe how the Community Needs and Resources Assessment will be conducted and focused on community-identified drivers of civil unrest, trauma, and violence. Discuss how community members will be involved in the assessment process.
 5. Describe how the community strategic plan that outlines a common vision to address program goals, and builds partnerships and awareness of the issues faced by high-risk youth and their families, will be developed. Discuss how the community leaders/members will be involved in the strategic planning process.
 6. Describe how you will develop a memorandum of understanding that demonstrates the commitment of persons in positions of leadership and authority to support all program activities that will be developed.
 7. Describe how you will identify and implement trauma-informed behavioral health services (e.g., Preventing Long-term Anger and Aggression in Youth of Color, Strengthening Black Families); evidence-based violence prevention and community engagement programs; and other culturally specific and developmentally appropriate strategies that address the needs of high-risk youth, families, and community leaders/members and that build community resilience.
 8. Describe how you will identify and select evidence-based and evidence-informed practices for high-risk youth and their families, how these practices relate to the project goals and objectives, and the extent to which you will ensure that these practices are culturally competent and responsive to high-risk youth and their families.

9. Describe how you will provide training in trauma-informed approaches to first responders, educators, clergy, and health and human services providers to increase their ability to assist children, adolescents, adults, and all community members in the aftermath of civil unrest events.
10. Describe how peer support activities for high-risk youth and families will be provided.
11. Provide a chart or graph depicting a realistic timeline for the entire **first** year of the project period, showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
12. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

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

1. Discuss the capability and past experience (at least two years) of the applicant organization with similar projects and populations, including experience in providing culturally appropriate and competent services.
2. Provide examples of the applicant's experience working with high-risk youth and their families, youth and family engagement, community outreach, and community coalition development, and discuss the extent to which these efforts have resulted in progressive change(s).
3. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience providing culturally appropriate/competent services and working with high-risk youth. Demonstrate how partnering organizations have experience working with high-risk youth and their families, youth and family engagement, community outreach, and community coalition building.
4. Provide a complete list of staff positions for the project, including the Project Director, Program Manager, and other key personnel, showing the role of each and their level of effort and qualifications. Qualifications may include community

and grassroots efforts. Demonstrate successful project implementation for the level of effort budgeted for the Project Director.

5. Discuss how key staff have demonstrated experience, which may include community and grassroots experience, and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

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

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this FOA.
2. Describe your specific plan for:
 - Data collection,
 - Management,
 - Analysis, and
 - Reporting of data for the population served by your program.

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 at least one outcome performance measure for high-risk youth and the extent to which this measure will demonstrate progressive change for high-risk youth.
4. Describe at least one outcome performance measure for family engagement and the extent to which this measure will demonstrate progressive change.
5. Describe your plan for conducting community-based, participatory performance assessment as specified in Section I-2.4 of this FOA and document your ability to conduct the assessment.
6. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

Section E: Statement of Assurance (10 points)

1. Applications that include a signed Statement of Assurance (**see Appendix IV**) indicating that the applicant organization has consulted with the LEA Authorized Representative (e.g., School Superintendent) will gain an additional five (5) points. The applicant also assures continued collaboration and partnership with the LEA in the proposed grant program. The signed Statement of Assurance must be included in **Attachment 5** of your application. Peer reviewers are instructed to enter 5 points if the application includes this Signed Statement of

Assurance. If the application does not include this signed Statement of Assurance, peer reviewers are instructed to enter zero points.

2. Applications that include a signed Statement of Assurance (**see Appendix IV**) confirming established partnerships with key partners (state and local governments, including multiple cities and counties if impacted); public or private universities and colleges; and non-profit community and faith-based organizations that are identified in the application will gain an additional five (5) points. The signed Statement of Assurance must be included in **Attachment 5** of your application. Peer reviewers are instructed to enter 5 points if the application includes this Signed Statement of Assurance. If the application does not include this signed Statement of Assurance, peer reviewers are instructed to enter zero points.

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 F: Biographical Sketches and Job 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 G of your application. See [Appendix A](#) of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the CMHS National Advisory Council;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Melodye Watson
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane

Room 14E77B
Rockville, MD 20857
(240) 276-1748
recast@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

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

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

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

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

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

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

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

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

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

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

=====

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix 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 performance assessment. **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

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

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

Appendix III: Description of Trauma Informed Approaches, Skills for Psychological Recovery

Trauma-Informed Approaches

Over the last 20 years, SAMHSA has been a leader in recognizing the need to address trauma as a fundamental obligation for public mental health and substance abuse service delivery and has supported the development and promulgation of trauma-informed systems of care. According to SAMHSA, Trauma results from an event or series of events, or set of circumstances that is experienced by an individual or community as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals and community's functioning and mental, physical, social, emotional, or spiritual well-being⁶.

Trauma informed approaches acknowledge the harmful impact of traumatic events including civil unrest on individuals, families, and communities. Trauma informed approaches incorporate knowledge about trauma in all aspects of service delivery from intake to discharge; recognizes the resiliency of traumatized individuals and their agency in recovery; and minimizes re-victimization. Trauma informed approaches also emphasize physical, psychological, and emotional safety for both individuals impacted by trauma and providers, and helps survivors rebuild a sense of control and empowerment.

Trauma-informed approaches adhere to the following six key principles:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

More information about trauma informed approaches can be found at:

<http://www.nctsn.org/>.

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Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) includes several interventions focusing on the treatment or screening for trauma. More information on evidence-based trauma specific interventions can be found at <http://www.samhsa.gov/nrepp>.

Skills for Psychological Recovery (SPR) is an evidence-informed modular intervention that aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. *SPR* is appropriate to use in the Recovery Phase by mental health professionals and other disaster recovery workers. It can be delivered in a variety of settings (e.g., schools, clinics, hospitals, assisted-living facilities, houses of worship, community centers, libraries, and homes).

SPR was developed by the National Child Traumatic Stress Network and the National Center for PTSD, with contributions from individuals involved in disaster research and response. *SPR* is not formal mental health treatment, but a secondary prevention model that utilizes skills-building components that have been found helpful in a variety of post-trauma situations. *SPR* is provided at no cost. More information about Skills for Psychological Recovery (SP) can be found at <http://www.nctsn.org/content/skills-psychological-recovery-spr>.

Appendix IV - Statement of Assurance (Local Education Agency Collaboration)

As the authorized representative of [insert name of applicant organization]

_____, I assure SAMHSA that:

I have consulted with the Authorized Representative [Insert name of the LEA Authorized Representative and School District]

_____, and the LEA agrees to partner and collaborate in the proposed grant project that we are submitting an application for under SAMHSA's Resiliency in Communities After Stress and Trauma (Short Title: ReCast Program) Funding Opportunity Announcement.

Signature of Authorized Representative

Date

Statement of Assurance (Partnerships)

As the authorized representative of [insert name of applicant organization]

_____, I assure SAMHSA that:

My organization has established partnerships with key partners (state and local governments, including multiple cities and counties if impacted); public or private universities and colleges; local school districts; and non-profit community and faith-based organizations.

The following list identifies the entities with whom partnerships exist: (PLEASE LIST ALL RELEVANT ENTITIES)

Signature of Authorized Representative