

Substance Abuse and Mental Health Services Administration

Minority Serving Institutions (MSI)

Partnerships with Community-Based Organizations (CBO)

Short Title: MSI CBO

(Initial Announcement)

Request for Applications (RFA) No.: SP-14-005

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

Key Dates :

Application Deadline	Applications are due by April 16, 2014.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention is accepting applications for fiscal year (FY) 2014 Minority AIDS Initiative (MAI) funding for Minority Serving Institutions (MSIs) Partnerships with Community-Based Organizations (CBOs) (Short Title: MSI CBO) grants. The purpose of this substance abuse (SA) prevention education and testing program is to equip and empower Minority Serving Institutions (MSIs) located in communities at the highest risk of SA, HIV and Hepatitis-C (HCV) infections with evidence-based methodologies to increase access to comprehensive, integrated SA, HIV and HCV prevention services on their campuses/institutions and surrounding community. The aim is to achieve normative and environmental changes to prevent and/or reduce SA problems as risk factors for the transmission of HIV/AIDS among African-American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI) and American Indian/Alaska Native (AI/AN) young adult populations (ages 18- 24) on campus. CSAP expects MSIs to partner with one or more community-based organizations (CBOs) to provide integrated SA, HIV and HCV prevention programs to these populations in the surrounding communities.

Funding Opportunity Title:	Minority Serving Institutions (MSIs) Partnerships with Community- Based Organizations (CBO).
Funding Opportunity Number:	SP-14-005
Due Date for Applications:	April 16, 2014
Anticipated Total Available Funding:	\$6.8 Million
Estimated Number of Awards:	23
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Minority Serving Institutions (i.e., Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Asian American and Native American Pacific Islander Serving Institutions (AANAPISIs) and Tribal Colleges and Universities (TCUs).) [See <u>Section III-1</u> of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention is accepting applications for fiscal year (FY) 2014 Minority AIDS Initiative (MAI) funding for Minority Serving Institutions (MSIs) Partnerships with Community-Based Organizations (CBOs) (Short Title: MSI CBO) grants. The purpose of this substance abuse (SA) prevention education and testing program is to equip and empower Minority Serving Institutions (MSIs) located in communities at the highest risk of SA, HIV and Hepatitis-C (HCV) infections with evidence-based methodologies to increase access to comprehensive, integrated SA, HIV and HCV prevention services on their campuses/institutions and surrounding community. The aim is to achieve normative and environmental changes to prevent and/or reduce SA problems as risk factors for the transmission of HIV/AIDS among African-American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI) and American Indian/Alaska Native (AI/AN) young adult populations (ages 18- 24) on campus. CSAP expects MSIs to partner with one or more community-based organizations (CBOs) to provide integrated SA, HIV and HCV prevention programs to these populations in the surrounding communities.

The MAI program is designed to focus special attention on solving a growing public health problem and to develop and improve the capacity of minority community-based organizations (MCBOs) to more effectively serve their communities. The focus on MCBOs is an intended acknowledgement of the cultural and geographic linkages such organizations often have to the populations of focus.¹ The term “MCBOs” generally applies to organizations with a history of providing services in minority communities and whose boards of directors, management and/or other key staff are representative of the minority populations they serve.²

Due to the fact that HIV and HCV share common modes of transmission, one third of HIV infected persons are co-infected with HCV; for these reasons, this program includes Hepatitis C virus (HCV) prevention and education training.

The MSI CBO 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 [Appendix H: Addressing Behavioral Health Disparities](#)).

¹ U.S. Congress, Conference Report on H.R. 4577, Consolidated Appropriations Act for Fiscal Year 2001, December 15, 2000.

² Kaiser Family Foundation, HIV/AIDS Policy Brief: *The Minority AIDS Initiative*, June 2004.

MSI CBO grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People (HP) 2020 Substance Abuse Topic Area HP 2020-SA. The objectives of this program support the four primary goals of the National HIV/AIDS Strategy which includes: 1) reducing new HIV infections, 2) increasing access to care and improving health outcomes for people living with HIV, 3) reducing HIV-related disparities and health inequities, and 4) achieving a coordinated national response to the HIV epidemic.

2. EXPECTATIONS

2.1 Program Expectations

SAMHSA's Strategic Prevention Framework (SPF) is a process that moves community stakeholders from vision to practice. Using SAMHSA's online database management system, grantees will be required to collect and submit their progress data on each of the SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation).

SAMHSA requires all grantees to provide universal, selected and indicated direct and indirect environmental evidence-based strategies. These strategies should be focused on direct and indirect environmental SA, HIV and HCV prevention strategies tailored to their minority population(s). Grantees must design prevention direct and indirect environmental evidence-based intervention strategies for their selected racial/ethnic minority population both on campus and in the surrounding communities. Applicants must describe their selected population of focus in Section A, Population of Focus and Statement of Need, of your Project Narrative. These strategies must be evidence-based; refer to <http://www.effectiveinterventions.org>.

MSIs are expected to collaborate with CBOs to implement evidence-based prevention strategies to address SA, HIV and HCV infection among racial/ethnic minority young adults on campus, and in the surrounding communities that show high rates of SA, HIV/AIDS and HCV. Applicants must include a Memorandum of Agreement or a letter of commitment from all partnering CBOs in Attachment 1 of their application.

Within six months of grant award, grantees must submit a comprehensive strategic plan that includes: evidence-based SA/HIV/HCV prevention strategies; environmental prevention strategies; HIV testing; and linkages to community behavioral health providers (i.e., treatment for SA disorders and HIV care services).

2.2 Funding Expectations

Although applicants will have flexibility in designing their MSI CBO projects, the application must include a budget that complies with the following required activities/services and budget restrictions (see [Appendix F: Sample Budget and Justification](#)):

- MSIs may use no more than 40 percent of the total award to partner with CBOs to develop and implement joint evidence-based SA/HIV/HCV direct and indirect

environmental prevention strategies for the same racial/ethnic minority young adult population of focus, both on-campus and in the surrounding communities; and to provide HIV testing and linkages to care. CBOs may use no more than 10 percent of the total award received from the MSI to purchase HIV test kits and/or to conduct HCV screening.

- MSIs may use no less than 30 percent of the total award to develop and implement evidence-based SA/HIV/HCV prevention and direct and indirect environmental strategies for racial/ethnic minority young adult students on campus.
- MSIs may use no more than 20 percent of the total award for data collection and performance measurement.
- MSIs may use no more than 10 percent of the total award to purchase HIV test kits and/or to conduct HCV screening.

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) identify subpopulations vulnerable to disparities (e.g., racial, ethnic and sexual minority groups) and how they will be engaged in infrastructure activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) propose a quality improvement plan to decrease the differences in access to, use and outcomes of these infrastructure activities among these subpopulations; and (3) the quality improvement plan should include an alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See [Appendix H: Addressing Behavioral Health Disparities.](#))

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

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders.

Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

2.3 Required Activities

The MSI CBO grant funds must be used primarily to support infrastructure development, including SAMHSA's Strategic Prevention Framework (SPF). SPF is a process that moves community stakeholders from vision to practice. Using SAMHSA's online database management system, grantees will be required to collect and submit their progress data on each of the following five SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation) to achieve the goals of the program as described below:

1. Conduct a Needs Assessment

SAMHSA expects grantees to conduct a needs assessment of the MSI campus and surrounding community(ies) within the first six months after award and utilize existing community/county data to identify racial/ethnic minority young adult populations vulnerable to SA, HIV/AIDS and HCV problems and disparities. The MSI and community needs assessment should include prevalence and incidence data on alcohol consumption, drug use, HIV/AIDS and HCV prevalence or incidence rates among minority young adults on the MSI campus and in the surrounding communities.

Grantees must form and manage a workgroup with key stakeholders or work with an existing epidemiological workgroup to collect and analyze relevant community indicator data. The needs assessment should be broad enough to encompass the entire specified catchment area for the proposed project. If you are already engaged in a needs assessment effort, you should work with your local or State Epidemiological Outcomes Workgroup (SEOW) to enhance and supplement the current process and its findings.

Your community needs assessment should be based on the collection and analysis of epidemiological data for the MSI campus and surrounding community (ies) and must include:

- Assessment of the magnitude of SA, HIV and HCV;
- Assessment of risk and protective factors associated with SA, HIV and HCV;
- Assessment of the number of individuals at risk for HIV and HCV due to SA;
- Assessment of the MSI's and community's assets and resources;

- Identification of gaps in services and capacity;
- Assessment of readiness to act; and
- Identification of priorities based on epidemiological analyses.

Additionally, needs assessment data can be obtained from state governmental agencies and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, STD, TB Prevention (NCHSTP);
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunization Program, and HIV/AIDS CDC funded projects; and
- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the three-year project period, as described in Step 5 below.

NOTE: Applicants who have completed a comprehensive needs assessment on the populations of focus for this RFA within the last two years should include a copy of their needs assessment in Appendix 5 of their application. SAMHSA's Government Project Officer (GPO) will review the needs assessment upon receipt. If you receive an MSI CBO grant award and your needs assessment adequately addresses the populations of focus for this RFA, you may be permitted to carry out steps 2-5 of the SPF. If you receive an MSI CBO grant award and your needs assessment is not approved, you will be required to carry out steps 1-5 of the SPF.

2. Mobilize and/or build capacity to address SA, HIV and HCV prevention needs

Grantees must work with their CBOs to develop and enhance local capacity and mobilize community resources in order to implement effective programs, practices, and policies to prevent and reduce the onset of SA, reduce sexual risk factors to prevent new HIV and HCV infection rates, and decrease HIV transmission among racial/ethnic minority young adults (African-American, Hispanic/Latino, Asian American/Pacific Islanders (AA/PI) and American Indian/Alaska Natives (AI/AN) young adults (ages 18- 24) on the MSI campus and in the surrounding communities.

Grantees should work with local community members to help develop and implement culturally and linguistically appropriate SA/HIV/AIDS and HCV prevention strategies that are accepted and that can effectively reach SA users and their sexual partners in their natural environments. Grantees should also implement evidence-based SA/HIV and environmental prevention strategies that may include such activities as training community stakeholders about the connection between young adults accessing alcohol and HIV transmission. To ensure that MSI CBO collaboration is well-coordinated and successful, MSIs and their CBOs should collaborate closely to coordinate and meet routinely with key stakeholders or representatives from state governmental agencies and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, STD, TB Prevention (NCHSTP);
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunization Program, and HIV/AIDS CDC funded projects; and
- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

3. Develop a data-driven comprehensive strategic plan

The MSI must partner with their CBO within the first six months of the grant to develop a strategic plan (Step 3 of the SPF) resulting from the documented community needs assessment. Grantees must plan to provide culturally and linguistically age appropriate evidence-based SA/HIV and HCV direct prevention and environmental prevention strategies for the racial/ethnic minority young adults on the MSI campus, and in the surrounding communities. The comprehensive strategic plan must be based on documented population needs and include an array of appropriate evidence-based SA/HIV/HCV and environmental prevention strategies. (Refer to CAPT Webinars: Help Practitioners Implement Environmental Prevention Strategies at <http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies>).

[NOTE: SAMHSA expects that all grantees will have a needs assessment and strategic plan finalized and approved within the first six months of the project. The strategic plan must be approved by the SAMHSA GPO before grantees can implement their prevention strategies – (Step 4 of the SPF).

The strategic plan should provide information on: 1) how the applicant proposes to provide direct and indirect environmental evidence-based prevention intervention strategies on campus; and 2) how CBOs will conduct HIV and HCV testing activities for racial/ethnic minority young adults in the surrounding community(ies). This

information must also be provided in Section B, Proposed Approach, of your Project Narrative.

4. Implement Evidence-Based Prevention Intervention Strategies

Grantees are expected to select and implement an array of evidence-based SA/HIV/HCV prevention interventions, including environmental strategies. (Refer to CAPT Webinars: Help Practitioners Implement Environmental Prevention Strategies at [http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-
implement-environmental-prevention-strategies](http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies)) For HIV prevention strategies, refer to CDC Effective Intervention: Social Marketing at <http://www.effectiveinterventions.org/en/HighImpactPrevention/SocialMarketing.aspx> A timeline for implementation, with key milestones, must be included in Section B, Proposed Approach of your Project Narrative.

During the implementation phase, MSIs are expected to work with their collaborating CBOs to conduct the following tasks:

- Conduct focus groups to identify high risk populations (African-American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI) and American Indian/Alaska Native (AI/AN) young adults (ages 18- 24) on the MSI campus and in the surrounding community(ies);
- Implement evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies to change community norms;
- Provide outreach that includes prevention education strategies to reach racial/ethnic minority young adults on MSI campuses and in the surrounding communities;
- Implement required strategies for testing and linkage services supported by MSI CBO grant funds to include:
 - SA, HIV and HCV screening and risk assessments, including the purchase of HIV test kits. Applicants that provide rapid HIV testing services must refer to Appendix I of this RFA to review SAMHSA's Rapid HIV Testing Requirements and funding limitations for the purchase of rapid HIV test kits, control kits, confirmatory kits, and/or confirmatory laboratory services.
 - Pre/Post SA, HIV and HCV counseling [NOTE: Applicants that provide rapid HIV testing must provide pre-counseling before the administration of the rapid HIV test, during the waiting period for preliminary results, and post counseling after preliminary results have been provided.];
 - Linkage to appropriate counseling, medical treatment (including HCV testing and referrals to treatment), and other supportive services for participants who are confirmed HIV positive;

- Linkage to effective counseling for high-risk persons who tested negative to decrease their risk of acquiring HIV and engaging in substance use and abuse.

5. Assess performance of MSI and CBO

Grantees will be accountable for the results of their MSI CBO project and must, therefore, provide ongoing monitoring and performance assessment of project activities. Grantees must assess program effectiveness, ensure quality of the services and strategies provided, identify successes, implement needed improvement, and promote sustainability of effective policies, programs, and practices. Grantees must be prepared to adjust their implementation plans based on the results of their performance assessment activities.

In addition, SAMHSA strongly encourages grantees to submit data and performance assessment results, when completed, to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) for review and rating of scientific rigor.

2.4 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 on one or more of the performance measures in the following table to assess the impact and progress of their programs reached through evidence-based SA/HIV/HCV direct prevention and environmental prevention strategies on the MSI campus and community. Table 1 below provides information on CSAP's Individual Level NOMs. In addition, applicants are required to report on their direct and indirect environmental strategy outcomes related to changes in SA, HIV and HCV prevention measures of knowledge, attitude and/or behavior. The NOMs have been defined by SAMHSA as key priority areas relating to SA.

TABLE 1: INDIVIDUAL LEVEL NATIONAL OUTCOME MEASURES

	DOMAINS	NATIONAL OUTCOMES	SUBSTANCE ABUSE PREVENTION MEASURES
I.	Reduced Morbidity	Abstinence from drug use/alcohol abuse.	30-day substance use (non use/reduction in use). Perceived risk/harm of use. Age of first use. Perception of disapproval /attitude.
II.	Employment/Education	Increased/Retained Employment or Return to/Stay in School.	Perception of workplace policy; ATOD-related suspensions and expulsions; attendance and enrollment.
III.	Crime and Criminal Justice	Decreased Criminal Justice Involvement.	Alcohol-related car crashes and injuries; alcohol- and drug-related

	DOMAINS	NATIONAL OUTCOMES	SUBSTANCE ABUSE PREVENTION MEASURES
			crime.
IV.	Social Connectedness	Increased Social Supports/Social Connectedness.	Family communication around drug use.
V.	Access/Capacity	Increased Access to Prevention Services (Service Capacity).	Number of persons served by age, gender, race and ethnicity who engage in prevention services and environmental strategies.
VI.	Retention	Increased Retention	Total number of evidence-based programs and strategies; percentage of youth seeing, reading, watching, or listening to a prevention message.
VII.	Reduced Morbidity	Abstinence from drug use/alcohol abuse.	30-day substance use (non use/reduction in use). Perceived risk/harm of use. Age of first use. Perception of disapproval /attitude.

Data will be collected using an online database management system to be provided by SAMHSA. This system provides access to the NOMs survey instrument and the progress report. The NOMs survey instrument will be used to collect performance data on the populations of focus. Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request. Applicants should be aware that CSAP's online reporting system will migrate to SAMHSA's Common Data Platform (CDP) during the life of the grant.

Also, SAMHSA has aligned its HIV, HCV testing and data collections efforts with the HHS Secretary's mandate to standardize indicators for HIV prevention, treatment and care services. To meet these requirements, grantees must report on the following core indicators for individuals who received HIV testing:

- Total number of individuals who are HIV/HCV positive
- Total number of individuals with knowledge of their HIV/HCV positive status
- Total number of individuals linked to HIV/HCV care
- Housing status for program participants

Additional information on these requirements will be provided to grantees after award.

Examples of college (HBCUs, HSIs, AANAPISIs and TCUs) and community surveys used to collect evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategy performance data are:

1. SPF-SIG Community Level Instrument (CLI)
2. Communities that Care Survey
3. CORE college alcohol and other drug survey and the Brief Alcohol Screening and Intervention for College Students (BASICS)

Locally developed surveys, i.e., visit data related to SA and HIV/HCV collected from the campus student health centers, college surveys, and/or local public health departments. The collection of these data will enable CSAP to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. Also, aggregated performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request. Data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

2.5 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and 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 should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted quarterly to the GPO for review and approval.

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

Outcome Questions:

- What were the effects of evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies on SA, HIV and HCV prevention outcomes related to knowledge, attitude and/or behavior?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

Process Questions:

- Number served by age group and population type on the campus and in the community
- Number of evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention programs implemented
- Number of persons trained in SA, HIV and HCV prevention education
- Number of persons tested for HIV and HCV, number of persons with positive results, number receiving counseling
- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of CLAS standards?
- 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)?

2.6 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director and the CBO Director) to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C. area and attendance is mandatory.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$300,000 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.

These awards will be made as **grants**.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA is limiting eligibility to MSIs (i.e., HBCUs, HSIs, AANAPISIs and TCUs) because the purpose of the MSI CBO grant program is to prevent and reduce SA, HIV/AIDS and HCV among minority at-risk populations. Data have shown that young

adults from minority populations represent the majority of new HIV/HCV infections. MSIs have a documented and consistent concentration of minority adult populations between the ages of 18 and 24. AANAPISIs were not included as eligible applicants in the FY 2013 RFA, because there was no means of identifying eligible institutions. SAMHSA has included these institutions as eligible applicants in this RFA because there is now a list of AANAPSI institutions designated by the Department of Education at the website listed below. MSIs have the greatest likelihood of achieving success through the MSI CBO grant program because: 1) their student populations are comprised of young adults who are members of racial/ethnic minorities; 2) they have ready access to minority students to provide them with routine HIV/HCV screening, testing, and prevention education and information on substance abuse, HIV and HCV; 3) they have an established infrastructure for addressing SA, HIV/AIDS and HCV prevention that can be sustained as part of the community fabric; and 4) SAMHSA has shown success in using the MSI model to address SA, HIV and HCV prevention at the community level. Consistent with the intent of the MAI initiative, MSIs also have experience in working collaboratively with minority community-based organizations (MCBOs) in surrounding communities to achieve SA, HIV/AIDS and HCV prevention goals.

To determine if your institutions meet the requirements of an MSI, please visit the appropriate websites listed:

Definition and listing of HBCUs used by the White House Initiative on HBCUs from Department of Education website: <http://www.ed.gov/edblogs/whhbcu/one-hundred-and-five-historically-black-colleges-and-universities/>

Definition and listing of Hispanic-Serving Institutions (HSIs) from the Hispanic Association of Colleges & Universities: <http://www2.ed.gov/programs/idueshsi/awards.html>

Definition and listing of Asian American Native American Pacific Islander Institutions (AANAPISIs): <http://www2.ed.gov/about/inits/list/asian-americans-initiative/aanapisi.html>

Definition and listing of TCUs from Department of Education website: <http://www.ed.gov/edblogs/whiaiane/tribes-tcus/tribal-colleges-and-universities/>

If an application is received from an entity that is not included on the above websites, or the application does not include Memoranda of Agreement (MOA) or a letter of commitment from a partnering CBO, the application will be screened out and will not be reviewed or considered for an award.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in [Section IV-2](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://beta.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant.

Grants.gov

How to Download Forms from Grants.gov (see [Appendix B](#) for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

On the Grants.gov site (<http://www.Grants.gov>), select the Apply for Grants option from the Applicants Tab at the top of the screen. Under STEP 1, click on the red button labeled: 'Download a Grant Application Package'. Enter either the Funding Opportunity Number (SAMHSA's Funding Announcement # SP-14-005) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this RFA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print or save all of the forms. You can complete the forms for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and

- Checklist.

Applications that do not include these required forms will be screened out and will not be reviewed.

SAMHSA's Grants Website

You will find additional materials you will need to complete your application on SAMHSA's website (<http://beta.samhsa.gov/grants/applying>). These include:

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA;
- Assurances – Non-Construction Programs;
- Certifications; and
- Charitable Choice Form SMA 170.

See [Section IV-1.1](#)-Assurances of this RFA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

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

1.1 Required Application Components

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations).** The DUNS number you use on your application must be registered and active in the SAM. To create a user account,

Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **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 F of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through I. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for 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.
 - *Attachment 1*: MOAs and/or letters of commitment from CBOs that have agreed to participate in the proposed project. **Applications that do not include an MOA or letter of commitment from a partnering CBO will be screened out and will not be considered for an award.** Applicants that will make linkages to trained Rapid HIV testing providers for counseling,

treatment and/or supportive services must provide an MOU or MOA between the MSI and the trained Rapid HIV testing provider.

- *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 Single State Authority (SSA) [if applicable; see [Appendix C](#) – Intergovernmental Review (E.O. 12372) Requirements of this document]*.
- *Attachment 5: If completed in the last two years, a copy of your comprehensive needs assessment on your population of focus.*
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website at <http://beta.samhsa.gov/grants/applying/forms-resources>.
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting

continuation, competing continuation or supplemental application, as well as Parts A through D.

- **Documentation of nonprofit status** as required in the Checklist.

1.2 Application Formatting Requirements

Please refer to Appendix A, Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 16, 2014**.

Your application must be submitted through <http://www.Grants.gov>. Please refer to Appendix B, "Guidance for Electronic Submission of Applications."

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

This grant program is 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 Appendix C for additional information on these requirements as well as requirements for the Public Health Impact Statement.

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's **MSI CBO** grant recipients must comply with the following funding restrictions:

- MSIs may use no more than 40 percent of the total award to partner with CBOs to develop and implement joint evidence-based SA/HIV/HCV direct and indirect

environmental prevention strategies for the same racial/ethnic minority young adult population of focus, both on-campus and in the surrounding communities; and to provide HIV testing and linkages to care. CBOs may use no more than 10 percent of the total award received from the MSI to purchase HIV test kits and/or to conduct HCV screening.

- MSIs may use no less than 30 percent of the total award to develop and implement evidence-based SA/HIV/HCV prevention and direct and indirect environmental strategies for racial/ethnic minority young adult students on campus.
- MSIs may use no more than 20 percent of the total award for data collection and performance measurement.
- MSIs may use no more than 10 percent of the total award to purchase HIV test kits and/or to conduct HCV screening.

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 Appendix D.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-I and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative.

Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

- Provide a comprehensive demographic profile of the population of focus on your MSI campus and in the surrounding communities. Identify the city, county, or Consolidated Metropolitan Statistical Area (CMSA) in which your MSI is located and document the AIDS case rate in that city/county using data from the CDC, city/county public health department/agency or other reliable source(s). Provide substance abuse prevalence and consumption data with regard to the population cited above on campus and in the surrounding communities.
- Describe all service gaps, including disparities, access use, outcome and other problems related to the need for SA, HIV and HCV prevention strategies and identify the source of the data to support your proposed approach.
- Document the need for the evidence-based SA, HIV and HCV prevention and environmental prevention strategies, policies and practices you will implement to enhance prevention efforts on campus and in the surrounding communities to decrease underage drinking, high risk drinking, and illicit drug use. The documentation of need may come from a variety of qualitative and quantitative sources. Examples of data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program, with approval from SAMHSA.
- Based on these documented needs, describe in detail how the MSI and collaborating CBOs will build capacity to implement, sustain, and reduce substance use and abuse, HIV/AIDS and HCV and improve effective SA prevention services, both on the college campus and in the surrounding communities.

Section B: Proposed Approach (35 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Data Collection and Performance Measurement. Describe how achievement of goals will increase system capacity to support effective SA, HIV and HCV services.
- Describe the MSI's expectations of the partnering CBOs, including their specific roles and functions on the project; how they are to collaborate with the MSI; the

specific tasks they are to conduct to meet project goals and objectives; how they are to partner with the MSI to develop the strategic plan; and how the MSI will monitor the partnering CBOs' ongoing tasks and activities to ensure project success.

- Describe how the project will implement appropriate evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention interventions for racial/ethnic minority young adults on the MSI campus and in the surrounding communities, as well as policies and practices that will lead to achieving the goals and objectives of your project. [NOTE: Applicants are strongly encouraged to refer to CAPT Webinars: Help Practitioners Implement Environmental Prevention Strategies at <http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies> for appropriate evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention interventions for racial/ethnic minority young adults on the MSI campus and in the surrounding communities.]
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include MOAs/MOUs and/or letters of commitment from CBOs that have agreed to participate in the proposed project in Attachment 1 of your application.
- Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
- Describe how the proposed activities will be implemented and how adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThinkCulturalHealth.hhs.gov>.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings. SAMHSA encourages inclusion of at least one student and a representative from the surrounding community to serve on the advisory body.
- Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;

- Language and literacy;
- Sexual identity – sexual orientation, gender identity; and
- Disability.

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

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally and linguistically appropriate/competent services.
- Provide a complete list of staff positions for the project, both for the MSI campus activities and for the partnering CBOs. Include the Project Director, and other key personnel, showing the role of each and their level of effort and qualifications. Discuss how key staff have demonstrated experience and are qualified to deliver evidence-based SA/HIV/HCV prevention and direct and indirect environmental prevention strategies for the population of focus.

Section D: Data Collection and Performance Measurement (30 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.4](#) of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your program. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.
- Describe your plan for conducting the local performance assessment as specified in [Section I-2.5](#) of this RFA and document your ability to conduct the assessment.

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

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

You must provide a narrative justification 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.

Be sure to demonstrate compliance with the following budgetary restrictions:

- MSIs may use no more than 40 percent of the total award to partner with CBOs to develop and implement joint evidence-based SA/HIV/HCV and direct and indirect environmental prevention strategies for the same racial/ethnic minority young adult population of focus, both on-campus and in the surrounding communities; and to provide HIV testing and linkages to care. CBOs may use no more than 10 percent of the total award received from the MSI to purchase HIV test kits and/or to conduct HCV screening.
- MSIs may use no less than 30 percent of the total award to develop and implement evidence-based SA/HIV/HCV prevention and direct and indirect environmental strategies for racial/ethnic minority young adult students on campus.
- MSIs may use no more than 20 percent of the total award for data collection and performance measurement.
- MSIs may use no more than 10 percent of the total award to purchase HIV test kits and/or to conduct HCV screening.

Specifically identify the items associated with these costs in your budget. An illustration of a budget and narrative justification is included in [Appendix F](#), Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See [Appendix B, Guidance for Electronic Submission of Applications](#).)

SUPPORTING DOCUMENTATION

Section E: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section F: Biographical Sketches and Job Descriptions.

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.

- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.
- Information on what you should include in your biographical sketches and job descriptions can be found in [Appendix E](#) of this document.

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. See [Appendix G](#) 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 Center for Substance Abuse Prevention's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive services and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Wilma A. Pinnock
Community Grants and Program Development Branch
Division of Community Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road - Room 4-1105
Rockville, Maryland 20857
(240) 276-2421
Wilma.pinnock@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in [Section IV-2](#) of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables.** (See additional requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection/human subjects specified in [Appendix G](#) of this announcement.
 - Budgetary limitations as specified in [Sections I, II](#), and [IV-4](#) of this announcement.
 - Documentation of nonprofit status as required in the Checklist.

- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in [Section IV-1.1](#) of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes.

Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

You can find additional information about the Grants.gov process at <http://www.grants.gov/web/grants/outreach/grantsgov-training.html>.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly

unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

Other Grants.gov Requirements

Applicants are limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period.

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;

- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “[**MSI CBO and RFA # SP-14-005**]” in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.

- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Intergovernmental Review (E.O. 12372) Requirements

States with SPOCs

This grant program is 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **SP-14-005**. Change the zip code to 20850 if you are using another delivery service.

States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)³

³ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the first page of the application (SF-424); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://beta.samhsa.gov/sites/default/files/ssadirectory.pdf>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://www.beta.samhsa.gov/sites/default/files/ssadirectory-mh.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SP-14-005**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum

number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix E – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix F – 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. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		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) Three staff (Project Director, CBO Director and Evaluator) to attend mandatory grantee meeting(s) 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).

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 and often having one-time use

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

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

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

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

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

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

FEDERAL REQUEST

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

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

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm’s length arrangement, provide cost of ownership/use allowance**

calculations. Additionally, the lease and floor plan (including common areas) is 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>.

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 [Appendix D](#), Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a separate budget for each year of the grant that shows that no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment.

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	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Data Collection & Performance Measurement	\$34,900	\$34,900	\$34,900	\$34,900	\$34,900	\$174,500

Appendix G – 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, 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.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information.

The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://www.beta.samhsa.gov/grants/applying>.

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 ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

Appendix H – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at

greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, <http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS)

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>

Sample Health Disparities Impact Statement:

1. Proposed number of individuals to be reached by subpopulations in the geographic area

Access: The numbers in the chart below reflect the proposed number of individuals to be reached during the grant period and all identified subpopulations in the geographic area. The disparate populations are highlighted in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Number to be reached	200	175	100	125	600
<i>By Race/Ethnicity</i>					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
<i>By Gender</i>					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
<i>By Sexual Orientation/Identity Status</i>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends.

However, our agency has reached relatively low numbers of Salvadorans. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

2. A Quality Improvement Plan Using Our Data

Use: Activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, screening and outreach data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to be exposed to outreach activities. The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all activities will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

b. Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

c. Health literacy and other communication needs of all sub-populations identified in your proposal

All interventions will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide interventions that are culturally and linguistically appropriate.

Appendix I – SAMHSA’s Rapid HIV Testing Requirements

Grantees and CBOs that meet the requirements delineated below for rapid HIV testing **may use up to 10 percent of the total direct costs to purchase rapid HIV antibody test kits, control kits, confirmatory kits, and/or confirmation laboratory services to test individuals.**

A. Grantees must obtain the following trainings:

- Basic fundamentals of HIV/AIDS training, as recognized by the state.
- State-certified HIV Counseling, Testing, and Reporting (CTR) Services.
- Fundamentals of Rapid HIV Testing and Pre/Post Test Prevention Counseling with the OraQuick® Rapid HIV-1 Antibody Test (*provided by SAMHSA or CDC, and State training, as required*).

B. CLIA Certificate of Waiver: Trained award recipients must obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Instructions on how to obtain this waiver are available at:

<http://wwwn.cdc.gov/cliac/pdf/Addenda/cliac0210/Addendum%20F.pdf>

C. State regulations: Grantees must adhere to their state HIV testing regulatory requirements. A copy of state compliance documentation on rapid HIV testing (i.e., HIV Prevention Counseling, Partner Notification, Disease Reporting protocol) must be provided. State agency contacts are listed at http://www.cms.hhs.gov/clia/12_state_agency_&_regional_office_clia_contacts.asp#topofpage.

D. Linkages to Care: Trained service providers on Rapid HIV testing **MUST** provide signed Memoranda of Understanding (MOUs) or Agreement (MOAs) in Attachment 1 of your application demonstrating established linkage networks for participants needing appropriate counseling, treatment, and support services. Linkages to care must consist of, but are not limited to, partnership(s) with: local health departments and AIDS service organizations to secure appropriate HIV/AIDS support resources including HIV testing, laboratory services, HIV/AIDS primary and behavioral health care services, and other necessary support services (e.g., insurance, housing, food, transportation). Grantees can arrange, through a Memorandum of Agreement (MOA), with local health provider for HIV testing of participants, on campus or in the communities. You may use up to twenty percent (10 percent) of the total direct costs of the award to purchase rapid HIV test kits for providers to conduct on- and off-site HIV testing services.

E. Rapid HIV Testing Quality Assurance Plan: Trained service providers must provide a copy of their site’s rapid testing policies, procedures, and Quality Assurance (QA) plan (i.e., records management, self-monitoring protocol, test

reliability and validity, and use of control kits). For information on CDC's QA guidelines, visit: www.cdc.gov/outreach/resources/OraQuick_Testing_Plan.doc.

F. Policies & Procedures: Grantees must provide a copy of the following policies and procedures before initiating SAMHSA's new rapid testing protocol:

- *Informed Consent Form* – Grantees must have an informed consent form for participants to give consent to confidential or anonymous testing and HIV prevention and risk reduction counseling.
- *Legal/Ethical Policies* - Grantees must know their state laws regarding who may implement Counseling, Testing, and Referral (CTR) procedures and disclosure of an individual's HIV status (whether positive or negative) to partners and other parties. Organizations are also obligated to inform participants about state laws regarding the reporting of child abuse, sexual abuse of minors, and elder abuse.
- *HIPAA Compliance/Participant Protection and Confidentiality* – Grantees must maintain the confidentiality of client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. For information on HIPAA compliance, visit: <http://www.hhs.gov/ocr/hipaa>.
- *Safety* – Grantees must have guidelines for personal safety and security in non-traditional settings, for assuring minimal safety standards (including biohazard waste disposal) as outlined by the Occupational Safety and Health Administration.
- *Volunteers* – Grantees using volunteers must follow state requirements.
- *Data Security* - Grantees must collect and report data consistent with SAMHSA/CDC requirements to ensure data security and confidentiality. This includes written protocols on how to collect and analyze CTR data according to State and local policies.