

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

**Capacity Building Initiative for Substance Abuse (SA) and
HIV Prevention Services for At-Risk Racial/Ethnic Minority
Youth and Young Adults**

(Short Title: HIV Capacity Building Initiative (HIV CBI))

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SP-16-004

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

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Grants”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	Applications are due by April 19, 2016.
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 (CSAP) is accepting applications for fiscal year (FY) 2016 Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV CBI) cooperative agreements. The purpose of this program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk populations ages 13-24, including racial/ethnic minority youth and young adults, hereafter referred to as the “population of focus”. Applicants may elect to serve youth aged 13-17, young adults aged 18-24, or elect to serve both youth and young adults. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance abuse and HIV prevention strategies to reduce the impact of substance use, HIV, and viral hepatitis in high-risk communities. These strategies must combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis (VH) testing services in non-traditional settings with substance abuse and HIV prevention programming for the population of focus.

HIV CBI is one of CSAP’s Minority AIDS Initiative (MAI) programs. The purpose of the MAI is to provide substance abuse and HIV/VH prevention services to at-risk minority populations in communities disproportionately affected by HIV/AIDS.

Funding Opportunity Title:	Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention for At-Risk Racial/Ethnic Minority Youth and Young Adults (Short Title: HIV CBI)
Funding Opportunity Number:	SP-16-004
Due Date for Applications:	April 19, 2016
Anticipated Total Available Funding:	\$4,889,726
Estimated Number of Awards:	19
Estimated Award Amount:	Up to \$257,354 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years

Eligible Applicants:	Community-level domestic, public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations. [See Section III-1 of this FOA for complete eligibility information.]
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Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2016 Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV CBI) cooperative agreements.

The purpose of this program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk populations ages 13-24, including racial/ethnic minority youth and young adults, hereafter referred to as the “population of focus”. Applicants may elect to serve youth aged 13-17, young adults aged 18-24, or elect to serve both youth and young adults. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance abuse and HIV prevention strategies to reduce the impact of substance use, HIV, and viral hepatitis in high-risk communities. These strategies must combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis (VH) testing services in non-traditional settings with substance abuse and HIV prevention programming for the population of focus.

The objective of this program supports the four primary goals of the National HIV/AIDS Strategy, which include: 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.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. Over the years, SAMHSA, in collaboration with other federal agencies, states, local organizations, and individuals, including consumers and the recovery community, has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

According to the Centers for Disease Control and Prevention (CDC) data released in 2014, youth in the United States account for a substantial number of HIV infections. Gay, bisexual, and other men who have sex with men account for most new infections in the age group 13 to 24; black/African American or Hispanic/Latino gay and bisexual men are especially affected. Continual HIV prevention/outreach and education efforts, including programs on abstinence, delaying the initiation of sex, and negotiating safer

sex for the full spectrum of sexual orientation and gender identity whether heterosexual, gay or bisexual and/or transgender

The HIV CBI program seeks to address behavioral health disparities among at-risk populations, including racial and ethnic minorities, by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

HIV CBI grants are authorized under Section 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA. The HIV CBI program supports SAMHSA's Strategic Initiatives: Prevention of Substance Abuse and Mental Illness, and Healthcare and Health Systems Integration.

2. EXPECTATIONS

Grantees will be funded for up to five years (based on the availability of funds) to support infrastructure development, environmental prevention strategies, and evidence-based interventions using 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 progress data on each of the following five SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation) to achieve the goals of the program. (See Section I-2.1, Required Activities, below).

Grantees must submit a comprehensive strategic plan that identifies the prevailing SA and HIV problems in their communities, and implement congruent direct services, environmental strategies, and HIV and VH testing that best match the needs of the population of focus. The plan must focus on preventing SA, HIV, and VH for at-risk populations, including racial/ethnic minority youth and/or young adults ages 13-24.

Although grantees will have flexibility in designing the comprehensive strategies for their project, applicants must develop and submit a budget that complies with the activities/services and budget restrictions outlined below.

Applicants **must** budget for the following required activities:

- At least 45 percent for direct prevention activities;
- Up to 10 percent for HIV testing;
- Up to 5 percent for viral hepatitis testing and services (based on risk and United States Prevention Services Task Force guidelines), including hepatitis testing (B and C [antibody and confirmatory]) and hepatitis A and B vaccination (Twinrix);
- Up to 20 percent for data collection and performance assessment;
- Up to 10 percent for environmental strategies; and
- Up to 10 percent for infrastructure, as needed.

Applicants will be required to report outcome measures based on common indicators for Department of Health and Human Services (HHS)-funded HIV programs and services, located at: www.aids.gov/pdf/hhs-common-hiv-indicators.pdf.

Applicants will be expected to produce additional measurable outcomes as follows:

- Increase community capacity to provide SA, HIV, and VH prevention services.
- Increase the protective environment of the community to prevent SA and transmission of HIV and VH through education and capacity building to provide these services.
- Increase knowledge about SA, HIV, and VH.
- Increase the number of the population of focus tested and/or referred for SA, HIV, and VH services.
- Increase HIV and VH testing and counseling by 15% each year.
- Decrease substance use by 10% each year.

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

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be reached/trained during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use, and outcomes of grant activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix F – 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.

According to the National Survey on Drug Use and Health, intravenous drug use has long been linked to contracting and transmitting HIV. The CDC reports that injection drug users represent an estimated 12 percent of new HIV cases each year in the United States, men who have sex with men account for 53 percent of new cases, men who have sex with men and use injection drugs account for 4 percent, and heterosexual contact accounts for 31 percent. Alcohol and drug use can impair judgment and decision-making, leading to risky sexual behavior that is often associated with HIV infection and transmission (<http://www.samhsa.gov/sites/default/files/hiv-aids-and-substance-use.pdf>).

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.

2.1 Required Activities

HIV CBI grant funds must be used primarily to support SA/HIV/VH infrastructure development, including the following types of activities:

- Systems development;
- Organizational collaboration and coordination;
- Workforce development training;
- Improvement of provider network and service systems; and
- Prevention planning for risk reduction, outreach, and testing.

Up to 10% of the grant award may be used for infrastructure, as needed. If infrastructure enhancements are not needed, the applicant must use the remaining 10% of grant funds for additional direct prevention services. (See [Section I-2, Expectations.](#))

1. Conduct a Needs Assessment

SAMHSA expects grantees to conduct a needs assessment of the community(ies) within the first six months after award and utilize existing community/county data to identify at-risk populations, including racial/ethnic minority youth and young adult populations (ages 13-24) vulnerable to SA, HIV/AIDS, and VH problems and disparities. The needs assessment should include prevalence and incidence rates among the population of focus.

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 and must include:

- Assessment of the magnitude of SA, HIV, and VH;
- Assessment of risk and protective factors associated with SA, HIV, and VH;
- Assessment of the number of individuals at risk for SA, HIV, and VH, as described in your catchment area;
- Assessment of the HIV CBI 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 may 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, VH, STD, and TB Prevention (NCHHSTP);
- 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 (AI/AN) 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 five-year project period, as described below.

NOTE: Applicants who have completed a comprehensive needs assessment on the population of focus for this FOA within the last two years should include a copy of their needs assessment in **Attachment 5** of the application. SAMHSA's Government Project Officer (GPO) will review and approve the needs assessment to determine whether it adequately addresses the population of focus for this FOA. If the needs assessment is

not approved, grantees will need to submit a revised needs assessment after consultation with their GPO and have it approved by the GPO before they begin providing prevention services

2. Mobilize and/or Build Capacity to Address SA, HIV and VH Prevention Needs

Grantees must 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 VH infection rates, and decrease HIV transmission among at-risk populations, including racial/ethnic minority (African-American, Hispanic/Latino, Asian-American/Pacific Islanders and AI/AN youth and young adults (ages 13-24). Grantees should develop and implement culturally and linguistically appropriate SA/HIV/AIDS and VH prevention strategies that can effectively reach the population of focus in their environments. To ensure coordination among HIV CBI grantees and promote successful implementation of their programs, grantees should collaborate, coordinate, and meet routinely with key stakeholders and representatives from state government agencies, and publicly funded STD programs, and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, NCHHSTP;
- HRSA Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunizations Program, and HIV/AIDS CDC funded projects; and
- AI/AN tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

3. Develop a Data-driven Comprehensive Strategic Plan

Grantees are required to develop a strategic plan resulting from the documented community needs assessment. Grantees must plan to provide evidence-based SA/HIV direct prevention services that are culturally, linguistically, and age appropriate for the population of focus. The comprehensive strategic plan must be based on documented population needs and include an array of appropriate evidence-based SA/HIV/VH and environmental prevention strategies. (Refer to the Center for the Application of Prevention Technologies (CAPT) webinars: [Help Practitioners Implement Environmental Prevention Strategies](http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches#communication-education) at <http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches#communication-education>).

The strategic plan should provide information on: 1) how the applicant proposes to provide direct and indirect prevention strategies; and 2) how grantees will conduct HIV and VH testing activities for the population of focus. This information must also be provided in [Section B, Proposed Approach](#) of your Project Narrative.

[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 and move forward with Steps 2-5 of the SPF.

4. Implement Evidence-Based Prevention Intervention Strategies

Grantees are expected to select and implement an array of evidence-based SA/HIV/VH prevention interventions, including environmental strategies. (Refer to CAPT Webinars: Help Practitioners Implement Evidence-Based Prevention Strategies at:

<http://www.samhsa.gov/capt/applying-strategic-prevention-framework/step4-implement>.

For examples of HIV prevention strategies, refer to CDC's 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, grantees are expected to conduct the following tasks:

- Conduct focus groups to identify high-risk populations, including racial/ethnic minority (African-American, Hispanic/Latino, Asian American/Pacific Islander , and AI/AN youth and young adults (ages 13-24));
- Implement evidence-based SA/HIV/VH prevention education strategies to reach racial/ethnic minority youth and young adults;
- Provide outreach that includes prevention education strategies to reach racial/ethnic minority youth and young adults;
- Implement required strategies for testing and linkage services to include:
 - SA, HIV, and VH 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 FOA to review the Rapid HIV testing requirements and funding limitations for the purchase of rapid HIV test kits, control kits, confirmatory kits, and/or confirmatory laboratory services. Fourth generation HIV rapid testing is recommended. Funds may be used to purchase hepatitis rapid tests.
 - Pre/Post SA, HIV, and VH counseling [NOTE: Applicants that provide rapid HIV testing must provide pre-counseling before the administration of the rapid HIV test and post counseling when preliminary results have been provided];
 - Linkage to appropriate counseling, medical treatment (including VH testing and referrals to treatment and HIV treatment), and other support services for participants who are confirmed positive; and

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

5. Assess performance of HIV CBI

Grantees will be accountable for the results of their HIV CBI project and are required to provide ongoing monitoring and performance assessment of project activities. Grantees must assess program effectiveness, ensure quality of 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.

2.2 Data Collection and Performance Measurement

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

1. The number of program participants exposed to substance abuse prevention education services. (Output)
2. The percent of program participants who report no use of alcohol at pre-test who remain non-users at post-test (all ages). (Outcome)
3. The number of persons tested for HIV through the MAI prevention activities. (Outcome)
4. The percent of program participants that rate the risk of harm from substance abuse as great.

Data will be collected using an online database management system to be provided by SAMHSA. Access to the data system will be provided upon award. Also, it is expected that grantees will participate in a cross-site evaluation. SAMHSA has aligned its HIV and VH testing and data collection 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:

- HIV Positivity,
- Antiretroviral Therapy (ART) Among Persons in HIV Medical Care,
- Linkage to HIV Medical Care and/or VH Care; and
- Housing Status.

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

Technical assistance will be provided by the SAMHSA GPO and data contractor. The collection of these data will enable CSAP to report on key outcome measures relating to prevention. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's annual budget request.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments will also be used to determine whether or not 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/VH prevention and direct and indirect environmental prevention strategies on SA, HIV, and VH 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 orientation/gender identity?
- How durable were the effects?

Process Questions:

- Number served by age group and population type.
- Number of evidence-based SA/HIV/VH prevention, and direct and indirect environmental prevention programs implemented.

- Number of person trained in SA, HIV, and VH prevention education.
- Number of persons tested for HIV and VH, number of persons with positive results, number receiving counseling and referrals.
- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original proposed plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

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

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in 2016, 2018, and 2020. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$4,889,726

Estimated Number of Awards: 19

Estimated Award Amount: Up to \$257,354

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$257,354 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.

Cooperative Agreement

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

Role of Grantee:

Grantees must comply with the terms of the HIV CBI, including implementation of all required SPF activities described in [Section I-2, Expectations](#), of this FOA. Grantees must agree to provide SAMHSA with all required performance data, collaborate with SAMHSA/CSAP staff in aspects of the HIV CBI, and participate in submission of all required forms, data, and reports on a quarterly basis.

Role of SAMHSA Staff:

- Reviews or approves one stage of a project before work may begin on a subsequent stage during a current approved project period;
- Assists the grantee in the development of a selection process for the grant's sub-awards, and reviews and approves sub-recipient contracts and awards;
- Recommends outside consultants for training, site specific evaluation, and data collection;
- Oversees development and implementation of a multi-site evaluation in partnership with evaluation contractors and grantees; and
- Submits required clearance packages to OMB using information and materials provided by the grantee and evaluation contractor.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are community-level domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations. For example, non-profit community-based organizations, faith-based organizations, middle and high schools, colleges and universities, health care delivery organizations, territories, and local governments are

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

SAMHSA is limiting eligibility to these entities consistent with the intent of the Omnibus Consolidated and Emergency Supplemental Appropriations Act of 1999, which states that these grant funds are to be used to expand HIV related services in minority communities. Community level entities are in the best position to strengthen organizational capacity, expand the number of minority service providers in the HIV/AIDS system of care, and provide HIV prevention services in racial and ethnic communities, as they have direct responsibility for these services and supports.

Grantees funded under FY 2015 Requests for Applications: SP-15-005 (HIV CBI) and SP-15-004 (MSI - CBO) **are not eligible to apply** for this grant program because they are currently receiving funds to carry out similar activities with like populations.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix III](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix III](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be

provided immediately following your Project Narrative in Sections E and F. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II – IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **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 15 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:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
 - **Attachment 5:** If completed in the last two years, a copy of your comprehensive needs assessment on your population of focus.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 19, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- At least 45 percent for direct prevention activities;
- Up to 10 percent for HIV testing;

- Up to 10 percent for environmental strategies;
- Up to 10 percent for infrastructure development, if needed;
- Up to 5 percent for viral hepatitis testing and services (based on the risk and United States Preventive Services Task Force guidelines), including hepatitis testing (B,C [antibody and confirmatory]) and hepatitis A and B vaccination (Twinrix); and
- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Please be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E).
- 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)

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.
3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the proposed catchment area that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of qualitative data sources 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 the National Center for Health Statistics/CDC reports, and Census data). This list is not exhaustive and applicants may submit other valid data, as appropriate for your program.
4. Describe how you will develop your Needs Assessment.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in Section D: Data Collection and Performance Measurement.
2. Describe how achievement of the goals will increase systems capacity to support effective SA, HIV, and VH prevention services.
3. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
4. Describe how and where you will conduct HIV and VH testing activities and which tests will be utilized (such as fourth generation rapid HIV tests).

5. Identify the evidence-based programs you propose to implement for the population of focus. If an evidence-based program is not available or does not exist for your population or program design, describe the program you plan to implement, and explain why you chose this program and its appropriateness for the population(s) of focus. If applicable, also describe any modifications that will be made to an evidence-based program or practice and the reason the modifications are necessary.
6. Describe the stakeholders and resources in the catchment area that will help implement the needed infrastructure development.
7. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
8. Provide a chart or graph depicting a realistic time line for the entire five years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
9. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
10. Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
 - Language and literacy;
 - Disability.

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

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally

appropriate/competent services. If you are not partnering with any other organizations, indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
4. Discuss how key staff has demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

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

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this FOA.
2. Describe your specific plan for:
 - data collection,
 - management,
 - analysis, and
 - reporting of data for the population served by your infrastructure program.

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

3. Describe your plan for conducting the local performance assessment as specified in [Section I-2.3](#) of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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 for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should

correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix III- Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix III](#). This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

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

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

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

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Section F of your application. See [Appendix II](#) of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the 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 of focus and program size.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be expected to submit quarterly progress reports, and document each year whether or not the goals and objectives of the program were met during each budget period.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act required the development and maintenance of an information system that contains specific information on the integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) were developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from the Entity Management section of the SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPIIS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Judith Ellis
Community Grants and Program Development Branch
Division of Community Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 16E69B
Rockville, Maryland 20852
240-276-2567
Judith.Ellis@samhsa.hhs.gov

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 17E17D
Rockville, Maryland 20852
(240) 276-1412
FOACSAP@samhsa.hhs.gov .

Appendix I – SAMHSA’s Rapid HIV Testing Requirements

Grantees 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.gov/Regulations-and-Guidance/Legislation/CLIA/State_Agency_and_Regional_Office_CLIA_Contacts.htm

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 for a positive HIV and/or hepatitis test result. 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 a local health provider for HIV testing of participants, on campus or in the communities. You may use up to 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.

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

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

3. Absence of Coercion

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

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

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

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

Appendix III – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

- (1) Office supplies, copies and postage are needed for general operation of the project.
- (2) The laptop computer and printer are needed for both project work and presentations for Project Director.
- (3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq. 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) are required for all projects allocating rent costs.

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

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

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

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<https://rates.psc.gov/fms/dca/map1.html>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	\$53,072
Indirect	\$750	\$750	\$750	\$750	\$750	\$3,750

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

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