

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

**Grants to Prevent Prescription Drug/Opioid  
Overdose-Related Deaths**

**(Short Title: PDO)**

**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. SP-16-005**

**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 Cooperative Agreements". PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 31, 2016.</b>
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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2016 Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (Short title: PDO). The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.

<b>Funding Opportunity Title:</b>	Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths
<b>Funding Opportunity Number:</b>	SP-16-005
<b>Due Date for Applications:</b>	May 31, 2016
<b>Anticipated Total Available Funding:</b>	\$11,000,000
<b>Estimated Number of Awards:</b>	Up to 11
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to five years
<b>Eligible Applicants:</b>	State governments, including the District of Columbia, U.S. territories, Pacific jurisdictions, and the Red Lake Band of the Chippewa, that receive the Substance Abuse Prevention and Treatment Block Grant (SABG). Eligibility is limited to the agency in the state that manages the 20 percent prevention set-aside of the SABG and has completed a comprehensive substance abuse prevention strategic plan. [See <a href="#">Section III-1</a> of this FOA for complete eligibility information.]

**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 (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2016 Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO). The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.

In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help reduce the number of opioid-related overdose deaths and adverse events. The PDO grant program will utilize this toolkit and other resources to help grantees develop a comprehensive prevention program that educates the public about the dangers of sharing medications, raises awareness among pharmaceutical and medical communities on the risks of overprescribing, and implements overdose death prevention strategies, such as naloxone distribution and the purchase of naloxone for first responders, if necessary, in communities of high need. Grantees will develop a naloxone distribution plan and a training course for first responders and others on the use of naloxone tailored to meet the needs of their communities. The PDO grant program also will work to strengthen communities in developing policies<sup>1</sup> and practices that prevent and respond appropriately to prescription drug/opioid-related overdoses.

The PDO grant program supports SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness.

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<sup>1</sup> For purposes of this FOA, "policy" refers to programs and guidelines adopted and implemented by institutions, organizations, and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before Congress or any state government, state legislature, or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

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

PDO 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.

## **2. EXPECTATIONS**

To meet the goals of the PDO grant program, SAMHSA expects grantees to use grant funds to support the following activities:

- Needs assessment of the prescription drug/opioid overdose issue in the grantee's community(ies) to identify the areas and populations of greatest need, and select communities of high need to be the focus of prevention activities;
- Purchasing naloxone for first responders, if necessary, and training first responders, substance abuse treatment providers, and others on the use of naloxone;
- Strategic planning to develop a comprehensive prevention program to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older, and implementation of this program in the selected communities of high need;
- Collaboration and coordination of funding streams related to the prevention of prescription drug/opioid overdose-related deaths and adverse events, including coordinating with any Health Resources and Services Administration (HRSA) Rural Opioid Overdose Reversal (ROOR) grants awarded to communities served by the grantee;
- Development of mechanisms for interagency coordination among state agencies, including a PDO Advisory Council, to develop and implement the grantee's comprehensive prevention program, including referral and care management procedures to connect persons receiving prescription drug/opioid overdose prevention services and their families to treatment and recovery support services;
- Interagency coordination of state agencies to select entities serving the selected communities of high need, such as substance abuse treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs,

healthcare providers, harm reduction groups, pharmacies, and community health centers;

- Policy development to support needed service system improvements;
- Quality improvement efforts;
- Performance measurement development; and
- Adopting and/or enhancing the grantee's computer system, data infrastructure/management information systems (MIS), certified electronic health records (EHRs), etc.

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

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

in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

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

## **2.1 Required Activities**

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

- Use of SAMHSA's Opioid Overdose Prevention Toolkit as a guide to develop and implement a comprehensive prevention program to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older;
- Purchasing naloxone, if necessary, and covering expenses incurred from naloxone distribution efforts;
- Equipping first responders and others in high-need communities with naloxone, as appropriate, based on the grantee's needs assessment and strategic planning activities;
- Providing the necessary materials to conduct overdose death prevention efforts, including assembling naloxone kits;
- Development and dissemination of a naloxone distribution plan;
- Coordination with the agency responsible for the grantee's substance abuse treatment system and other agencies in the development and implementation of the grantee's comprehensive prevention program to reduce the number of prescription drug/opioid overdose-related deaths and adverse events;

- Collaboration with the agency responsible for the grantee's substance abuse treatment system and other agencies to identify communities of high need and to work with entities such as substance abuse treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs, healthcare providers, harm reduction groups, pharmacies, and community health centers;
- Identification of community-based substance abuse treatment providers and other organizations and agencies that may benefit from training on overdose death prevention strategies, such as the use of naloxone;
- Training of key community sectors, such as first responders and others in high-need communities, as appropriate, based on the grantee's needs assessment and strategic planning activities, on overdose death prevention strategies, such as the use of naloxone;
- Partnering with entities that currently fund the distribution of naloxone; and
- Educating and working with individuals who use opioids, their families, and other close associates on the dangers of overdose, recognizing and responding appropriately to overdose, accessing and using naloxone, and accessing substance abuse treatment and recovery support services.

Grantees are required to form a PDO Advisory Council that includes at least one representative from each of the following:

- The Office of the Governor or Chief Executive Officer;
- A core group of agencies identified by the grantee that must include agencies currently engaged in efforts to prevent prescription drug/opioid overdose-related deaths, such as naloxone distribution, and representatives of agencies and organizations responsible for substance abuse treatment and recovery support services; and
- A representative from SAMHSA/CSAP, i.e., the Government Project Officer (GPO).

Representatives from other state, community, and non-profit organizations that work in areas including public health, criminal justice, corrections, and mental health are also encouraged to be a part of the PDO Advisory Council. The PDO Advisory Council should provide ongoing advice and guidance to the PDO project throughout the five years of the grant, and create workgroups to monitor progress and ensure that the goals of the project are being met.

## **SAMHSA's Guidelines for Selecting Communities of High Need**

In identifying and selecting communities of high need to be funded with PDO funds, grantees must be able to describe a limited population that is:

1. A specific geographically defined area; or
2. A specifically defined population based on a culture, federally-recognized tribe, ethnicity, language, occupation, gender, or other specifically described identity, within a specific geographic area; or
3. A specific population defined by a school, military base, campus, or other institutional setting where the population has or is at risk of having a higher than average prevalence rate of prescription drug/opioid misuse, prescription drug/opioid overdoses, prescription drug/opioid overdose deaths, or adverse events related to prescription drug/opioid misuse.

### **2.2 Other Allowable Activities**

SAMHSA's PDO grants may also support the following types of activities:

- Collaboration with healthcare providers to educate them on overdose dangers, and to recommend that they consider providing standing orders for naloxone to patients and family members;
- Collaboration with pharmacies to distribute naloxone, if permitted by state law; and
- Public education on any state "Good Samaritan" laws, such as those that permit bystanders to alert emergency responders to an overdose or to administer naloxone without fear of civil or criminal penalties.

### **2.3 Data Collection and Performance Measurement**

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

### **Long-term Outcomes for Education and Distribution of Naloxone**

1. Rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data);
2. Number of opioid overdose-related deaths;
3. Number of opioid overdose reversals;

4. Number of referrals to substance abuse treatment services; and
5. Number of naloxone kits that reached communities of high need.

### **Short-term Outcomes of Education/Training Programs**

1. Number of trainings conducted on opioid overdose death prevention strategies;
2. Number of medical professionals trained on the risks of overprescribing;
3. Number of first responders trained;
4. Number of participants per session by type of participant (substance abuse treatment provider, family member, law enforcement, Emergency Medical Technician (EMT), etc.);
5. Number of people reporting learning new information or skills as a result of education/training;
6. Number of people reporting using the information/skills learned;
7. Number of people feeling confident in using the skills learned;
8. Number of individuals accurately recognizing overdose symptoms; and
9. Number/rate of successful (person's unresponsiveness and respiratory depression improved) administrations tracked in real time.

### **Short-term Outcomes of Distribution**

1. Number of kits used in each administration and by type of kit (nasal, auto injector, etc.);
2. The total amount of funds spent and percentage of total funds utilized to purchase naloxone products;
3. Number of referrals to kit prescriber or other medical professional post-administration (e.g., to get a replacement prescription or for additional resources);
4. Number of persons administering naloxone by: type (substance abuse treatment provider, family member, friend, acquaintance, law enforcement, EMT, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract;
5. Number of naloxone patients by: location of administration (substance abuse treatment facility, home, street, party, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract; and
6. Number of kits distributed by: zip code; request vs. response; household (to identify multiple kits per household); dosage amount; type of recipient (substance abuse treatment provider, family member, law enforcement, EMT, etc.); and type of kit (nasal, auto injector, etc.)

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. The frequency of data reporting will be determined and communicated to grantees following the award.

These data collection activities will help states develop tracking systems to follow up with high-risk populations and increase prevention capacity. This evaluation will be used to understand the impact of grant activities on overdose deaths and reversal, and unintentional and undetermined intentional opioid-related drug poisoning in the selected communities. The evaluation also will help grantees use data on overdose behavior and substance misuse to improve prevention efforts and understand the extent of the problem in states.

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

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

Should SAMHSA decide to conduct a cross-site evaluation of the PDO program, all grantees must comply with the data collection and reporting requirements mandated by SAMHSA for such an evaluation.

## **2.4 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help grantees determine whether or not they are achieving the goals, objectives, and outcomes they intended to achieve and whether or not adjustments need to be made to their projects. Performance assessments should be used also to determine if the project is having/will have the intended impact on behavioral health disparities. Grantees will be required to report on the progress achieved, barriers encountered, and efforts to overcome these barriers in a grantee project evaluation report at the end of the grant period and in quarterly reports. The GPO will review and provide feedback on the grantee project evaluation and quarterly reports.

At a minimum, the performance assessment should include the required performance measures identified above in Section 2.3. Grantees may also consider outcome and process questions, such as the following:

### *Outcome Questions:*

- What was the effect of the intervention on key outcome goals?

- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What demographic or geographic factors were associated with outcomes?

*Process Questions:*

- How closely did implementation match the plan?
- How was fidelity of implementation ensured?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**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 II).**

Grantees are encouraged to set aside adequate grant funds to allow for the required data collection and reporting needed to ensure both a comprehensive state evaluation and SAMHSA's cross-site evaluation. Grantees may elect to leverage these funds from multiple sources, including grant administration funds.

## **2.5 Grantee Meetings**

Grantees must plan to send a minimum of two people (including the Project Director and the Lead Evaluator) 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 2017 and 2019. 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 TA. 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:** \$11,000,000

**Estimated Number of Awards:** Up to 11

**Estimated Award Amount:** Up to \$1,000,000 per year

**Length of Project Period:** Up to 5 years

**Proposed budgets cannot exceed \$1,000,000 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.

### **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 Grantees:

Grantees are expected to participate and collaborate fully with CSAP staff in the conduct and evaluation of this five-year cooperative agreement. Grantees' responsibilities include the following: compliance with all aspects of the terms and conditions of the cooperative agreement; collaboration with CSAP staff in assessment, capacity building, and strategic planning activities; ongoing monitoring, quality improvement, and evaluation tasks; documentation of all system-wide changes stemming from this grant program; and responding to requests for all appropriate program-related data. Grantees are also expected to leverage funds from other resources to support project goals.

#### Role of SAMHSA Staff:

The GPO will serve as an active participant in the implementation of the grantees' projects to provide guidance and TA to help grantees achieve their goals. The GPO roles and responsibilities include the following: monitoring and reviewing progress of projects; monitoring development and collection of process and outcome data from grantees; ensuring compliance with data/performance measurement requirements; consultation on and participation in the redesign or modification of infrastructure or system changes; providing guidance in defining new strategic directions; providing

support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; review of key documents central to the project's success, including review and approval of the state's approach and methodology to identify and select communities of high need; participation as a non-voting member on the PDO Advisory Council and other workgroups; and ensuring that projects are responsive to SAMHSA's mission.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are state governments, including the District of Columbia, U.S. territories, Pacific jurisdictions, and the Red Lake Band of the Chippewa, that receive the Substance Abuse Prevention and Treatment Block Grant (SABG). Eligibility is limited to the agency in the state that manages the 20 percent prevention set-aside of the SABG and has completed a comprehensive substance abuse prevention strategic plan.

FY 2016 Appropriations language directed SAMHSA to award these funds to states to prevent opioid-related deaths. This language also noted that SAMHSA should support the use of SABG funds for opioid safety education and training. Therefore, eligibility for this program is limited to states that receive SABG funds.

#### **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 II](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix II](#). 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 3** – 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 and 3 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **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.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **May 31, 2016**.

## 3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
- No more than 15 percent of the remaining grant award may be used for state administrative costs.

- SAMHSA grant award funds must not be used for the same activities that are funded by HRSA.

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. Describe the current projects and initiatives on the prevention of overdose deaths in the state.

2. Describe the state prevalence rates, consequence data, and risk and protective factor data relevant to prescription drug/opioid misuse, prescription drug/opioid overdose, overdose reversal, and overdose deaths. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Note: Prevalence rates may come from a variety of quantitative sources such as state needs assessments, SAMHSA's state estimates on Drug Use and Health, and/or other state/national data sources (e.g., state-level health surveys, National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports). This list is not exhaustive; applicants may submit other valid data, as appropriate for their program.
3. Describe the process you will use for identifying and selecting communities of high need if your application is funded, including how the following data will be used in selecting these communities: Information on substance use and misuse and other data to support the need for the project (e.g., incidence of prescription drug/opioid overdoses; morbidity and mortality rates related to prescription drug/opioid overdoses; previous or current efforts to address prescription drug/opioid overdoses; current availability of and gaps in access to opioid reversal agents; the number of substance abuse treatment providers, first responders, and others who are trained to use opioid reversal agents; and the number of substance abuse treatment providers, first responders, and others using opioid reversal agents), and demographic information on the population(s) to be served in terms of race, ethnicity, federally-recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
4. Discuss the process you will use to identify sub-population disparities, if any, relating to access/use/outcomes of your provided activities, citing relevant data.
5. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective overdose prevention and intervention 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 data sources for the qualitative data that could be used include interviews with community stakeholders, focus groups, and case studies. Examples of data sources for the quantitative 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/ CDC reports, and Census data). These examples are not exhaustive; applicants may submit other valid data, as appropriate for their programs.

## Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA, SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness, and the performance measures identified in Section D: Data Collection and Performance Measurement.
2. Describe how achievement of goals will increase system capacity to support effective substance abuse services.
3. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
4. Discuss how your proposed intervention(s) will measurably improve outcomes.
5. Describe how relevant barriers and challenges will be identified in the targeted population area, and how the project will work to overcome them.
6. Describe the stakeholders, including agencies responsible for the applicant's substance abuse treatment system, treatment providers, and entities currently engaged in naloxone training or distribution, and resources, including existing naloxone funding sources, in the catchment area that can help implement the needed infrastructure development. Describe the roles and responsibilities of these stakeholders and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.
7. Provide a chart or graph depicting a realistic timeline for the entire five (5) 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 timeline should be part of the Project Narrative. It should not be placed in an attachment.]
8. Describe how the key activities in your timeline will be implemented.
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 your project's PDO Advisory Council, including its membership, roles, functions, and frequency of meetings. Briefly describe how the PDO Advisory

Council will assist the selected communities in achieving the goals of the proposed project.

11. Describe how the proposed project will address the following issues in your state:

- Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
- Language and literacy; and
- 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.
3. Provide a complete list of staff positions for the project, including the Project Director and Lead Evaluator, 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 Lead Evaluator.
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-2.3 of this FOA.
2. Describe your specific plan for:
  - data collection,
  - management,
  - analysis, and
  - reporting of data for the population(s) 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-2.4 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 II- Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix II](#). 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 I](#) 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-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. The frequency of data reporting will be determined and communicated to grantees following the award.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Tonia F. Gray, MPH  
Division of State Programs  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 16E25B  
Rockville, MD 20857  
(240) 276-2492 Phone  
(240) 276-2560 Fax  
[tonia.gray@samhsa.hhs.gov](mailto:tonia.gray@samhsa.hhs.gov)

John O'Donnell  
Division of State Programs  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 16E29C  
Rockville, MD 20857  
(240) 276-0633 Phone  
(240) 276-2560 Fax  
[john.odonnell@samhsa.hhs.gov](mailto:john.odonnell@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  
5600 Fishers Lane, Room 17E17D  
Rockville, MD 20857  
(240) 276-1412 Phone  
[FOACSAP@samhsa.hhs.gov](mailto:FOACSAP@samhsa.hhs.gov)

# Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

## Confidentiality and Participant Protection:

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

### 1. Protect Clients and Staff from Potential Risks

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

### 2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, LGBT people or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

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

### 4. Data Collection

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

## 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will 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.

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 II – 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
			<b>TOTAL</b>	<b>\$52,765</b>

### 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
		<b>TOTAL</b>	<b>\$10,896</b>

**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
			<b>TOTAL</b>	<b>\$2,444</b>

**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**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
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
	<b>TOTAL</b>	<b>\$3,796</b>

**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
			<b>TOTAL</b>	<b>\$86,997</b>

**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**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(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
	<b>TOTAL</b>	<b>\$15,815</b>

**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)**

<b>Category</b>	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3*</b>	<b>Year 4*</b>	<b>Year 5*</b>	<b>Total Project Costs</b>
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
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$172,560</b>	<b>\$172,403</b>	<b>\$172,241</b>	<b>\$172,074</b>	<b>\$861,991</b>
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$889,030</b>

**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.**

<b>Infrastructure Development</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Infrastructure Costs</b>
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
<b>Total Direct Charges</b>	<b>\$6,000</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$11,758</b>	<b>\$53,072</b>

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

<b>Data Collection &amp; Performance Measurement</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total Data Collection &amp; Performance Measurement Costs</b>
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
<b>Data Collection &amp; Performance Measurement</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$34,900</b>	<b>\$174,500</b>