

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

Sober Truth on Preventing Underage Drinking Act Grant
(Short Title: STOP Act Grants)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. SP-16-007

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

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA): PART II – 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:

Application Deadline	Applications are due by May 10, 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 Sober Truth on Preventing Underage Drinking Act (STOP Act) grants. The purpose of this program is to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States.

Funding Opportunity Title:	Sober Truth on Preventing Underage Drinking Act (STOP Act) Grants
Funding Opportunity Number:	SP-16-007
Due Date for Applications:	May 10, 2016
Anticipated Total Available Funding:	\$3,978,296
Estimated Number of Awards:	80
Estimated Award Amount:	Up to \$50,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to four years
Eligible Applicants:	Domestic public and private nonprofit entities that are current or former Drug Free Communities Support Program (DFC) recipients and past STOP Act recipients. [See Section III-1 of this FOA for complete eligibility information.]

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

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 Sober Truth on Preventing Underage Drinking Act (STOP Act) grants. The goal of this program is to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States.

The STOP Act language states that the purposes of the Act are to “prevent and reduce alcohol use among youth in communities throughout the United States; strengthen collaboration among communities, the federal government, state, local, and tribal governments; enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth; serve as a catalyst for increased citizen participation and greater collaboration among all sectors and organizations of a community that first demonstrates a long-term commitment to reducing alcohol use among youth; disseminate to communities timely information regarding state-of-the-art practices and initiatives that have proven to be effective in preventing and reducing alcohol use among youth; and enhance, not supplant, effective local community initiatives for preventing and reducing alcohol use among youth.” (See Appendix III for additional background information.)

The STOP Act program aligns with SAMHSA’s Strategic Initiative: Prevention of Substance Abuse and Mental Illness, Goal 1.2: Prevent and reduce underage drinking and young adult problem drinking; and Objective 1.2.3: Enhance cooperation and coordination among federal agencies and non-federal organizations to prevent and reduce underage drinking among youth and young adults. The STOP Act 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.)

STOP Act grants are authorized under 42 U.S.C. 290bb-25b; Section 519B of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

Successful applicants are expected to:

- Enhance the ability of established community organizations to create community-level change regarding underage drinking.

- Strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce alcohol use among youth and young adults in current and former DFC recipient communities.
- Enhance intergovernmental cooperation and coordination on the issue of alcohol use among youth and young adults.
- Address the barriers to collaboration with institutions of higher education, local education agencies, and state counterparts of the members of the federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and their Single State Authority (SSA) or tribal equivalent.
- Host sites for local Town Hall Meetings to address underage drinking issues.
- Develop an action plan to address underage drinking.
- Applicants must utilize their coalition’s needs assessment data to: (1) identify subpopulations (i.e., racial, ethnic, /gender minority groups) vulnerable to disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among subpopulations. A strategy for addressing health disparities is the use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See Part II [Appendix F: Addressing Behavioral Health Disparities.](#))

It is expected that the 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 and Project Coordinator.

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 served 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 service 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 recipients to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

SAMHSA encourages all recipients 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

recipients to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

2.1 Required Activities

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

1. Disclosure of Drug-Free Communities Grant

All current and former recipient organizations are required to complete the form in [Appendix IV](#) of this FOA (“Disclosure of Drug-Free Communities Grant”) and submit it in **Attachment 3** of their application or **the application will be screened out and will not be reviewed**. Information submitted in this form will be verified by CSAP staff before awards are made.

2. Surgeon General’s Call to Action

Applicants are required to select activities that are consistent with the strategies identified in the 2007 *Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking* and/or with the 2011 *National Prevention Strategy* that seek to change the environment within which underage drinking takes place, such as changing community norms regarding alcohol use by youth, reducing opportunities for underage drinking by limiting youth access to alcohol, creating changes in underage drinking enforcement efforts, addressing penalties for underage use, and/or reducing the prevalence of negative consequences associated with underage drinking (e.g., motor vehicle crashes, sexual assaults).

3. Strategic Prevention Framework

Applicants must address community underage drinking problems by building on strategic plans that were developed previously under a DFC grant and include a community needs assessment, an implementation plan, a method to collect data, and a way to evaluate, monitor, and improve strategies being implemented to create measurable outcomes. Recipients whose strategic plans were not developed using the Strategic Prevention Framework (SPF) process will be expected to adapt their plan using a process consistent with the SPF.

SAMHSA’s Strategic Prevention Framework (SPF) is a five-step evidence-based process for community planning and decision-making. The five-step process includes:

1. needs assessment (profile community needs);
2. capacity building (mobilize/build capacity to address community needs);

3. planning (develop a comprehensive strategic plan);
4. implementation (implement the plan with multiple interventions); and
5. evaluation (monitor, sustain, improve, or replace prevention strategies).

Applicants must describe how they will build on the five steps of the SPF to carry out their proposed project in “Section B; Proposed Approach” of the application.

2.2 Data Collection and Performance Measurement

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

1. **Past 30-day use** (alcohol only)
2. **Perception of risk or harm** (alcohol only)
3. **Perception of parental disapproval of use** (alcohol only)
4. **Perception of peer disapproval of use** (alcohol only)

This information will be gathered using local surveys determined by the recipient. Data will be collected and reported at least every two years and for at least three grade levels (i.e., 6th through 12th grade) for alcohol use. It is important to note that the size of the data collection must be sufficient to provide an accurate and meaningful statistical representation of the geographic area served by the coalition.

All required data are to be submitted via Drug Free Communities-Management and Evaluation (DFC-Me). STOP Act grant Project Officers will provide technical assistance related to data collection and reporting post award.

The collection of these data will enable SAMHSA to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. Performance data will be reported to the public as part of SAMHSA’s Congressional Justification.

2.3 Local Performance Assessment

Recipients must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on

your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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 was the effect of strategies used on underage drinking rates in your area?
- What infrastructure enhancements were associated with outcomes?
- How did underage drinking rates change as a result of STOP Act funding?

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

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What 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 10 percent of the total grant award may be used for data collection, performance measurement, and local performance assessment, e.g., activities required in [Sections I-2.2 and 2.3 above](#). Be sure to include these costs in your proposed budget (see Appendix II).

2.4 Recipient Meetings

SAMHSA’s STOP Act recipients are not required to attend a designated recipient meeting for this grant. Recipients may attend identified trainings sponsored by or supported by organizations represented on the federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). Applicants may include

costs in their proposed budget to attend regional and/or national trainings that focus on underage drinking issues.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: \$3,978,296

Estimated Number of Awards: 80

Estimated Award Amount: Up to \$50,000 per year

Length of Project Period: Up to four years

Proposed budgets cannot exceed \$50,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Applicants should be aware that funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

The statutory authority for this program (stated in the STOP Act CFDA: 93.243, Legislative Authority, 42 U.S.C. 290bb–25b, Section 519B of the Public Health Service Act) limits eligibility to domestic public and private nonprofit entities that are current or former Drug Free Communities Support Program (DFC) recipients. Past STOP Act recipients are also eligible to apply.

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 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 25 pages for Attachments 2, 3, and 5 combined. There are no page limitations for Attachments 1 and 4. 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:** 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 1.
 - **Attachment 2:** Sample Consent Forms
 - **Attachment 3:** Disclosure of Drug Free Communities Grant Form

included in [Appendix IV](#) of this FOA. **Applications that do not include this form will be screened out and will not be reviewed.**

- **Attachment 4:** Work Action Plan - for currently funded DFC recipients only – include most recent DFC action plan.
- **Attachment 5:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **May 10, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 10 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
- No more than 6 percent of the grant may be used for administrative expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA recipients 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 (20 points)

1. Describe your present or former Drug Free Communities Support Grant experience. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken toward their resolution.
2. Using your current data, identify the proposed catchment area and provide demographic information on the population(s) you propose to address with the STOP Act funding.
3. Describe your current organizational infrastructure available to support the STOP Act activities. Demonstrate how this project will enhance, not replace, the capacity you have established with your DFC grant and how that enhanced capacity will increase your effectiveness toward addressing underage drinking in your community.

Section B: Proposed Approach (30 points)

1. Using the 5 steps of the SPF clearly describe all activities that will be supported with the new grant funds.
 - Describe how your proposed project will meet the goals and objectives of the STOP Act program.
 - Describe the purpose of the proposed project, including its goals.
 - Discuss how the proposed activities to address underage drinking will be integrated into the ongoing DFC project.
 - Demonstrate how the proposed approach addresses factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender of the population.
 - Describe your proposed collaboration with the state, tribe, or jurisdiction, and describe any barriers to accomplishing this plan.

- Describe your implementation activities and include measurable objectives, milestones and timelines for step 4 (implementation) of the SPF.
2. Discuss how the proposed activities are consistent with the strategies and interventions identified in the 2007 Surgeon General's Call to Action to Prevent and Reduce Underage Drinking and SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness. Refer to the information at <http://www.samhsa.gov/prevention> to complete your response.
 3. Discuss how you will involve sector members of the DFC coalition in planning and implementing your STOP Act activities. Describe how particular segments of your community coalition may play a role in advancing the goals of your STOP Act grant. Indicate how members of the DFC coalition will collaborate on STOP Act grant activities.

Section C: Staff, Management, and Relevant Experience (35 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 Project Coordinator.
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 (15 points)

1. Document your ability to collect and report on the required four core 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 1-2.3 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.)

Be sure to show that no more than 10 percent of the total grant award will be used for data collection, performance measurement and performance assessment, and that no more than 6 percent of the total grant award will be used for administrative expenses. **Specifically identify the items associated with these costs in your budget.** 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.**

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-2.2](#), recipients must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. STOP Act recipients will be expected to submit progress reports semi-annually.

VII. AGENCY CONTACTS

For questions about program issues contact:

Helpline Team
Division of Community Programs
(240) 276-1270
dfcnew@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Jennifer Cramer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 17th Floor
Rockville, Maryland 20857
(240) 276-1400
DGM@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 recipients 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.

The goal of this program is to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. Successful applicants are expected to enhance the ability to create community level changes regarding underage drinking. Because of the focus on community level, it is not expected that grantees will report on client level data. However, applicants must demonstrate ability to collect confidential data and protect such information.

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.

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, and prisoners.
- 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.
- Provide in **Attachment 1, “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, recipients 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 2, “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 recipients 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 recipients 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	Jane Doe	\$32,500	10%	\$3,250
			TOTAL	\$3,250

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.

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 SF424A) **\$3,250**

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	.0765%	\$3,250	\$249
Workers Compensation	.025%	\$3,250	\$81

Component	Rate	Wage	Cost
Insurance	.105%	\$3,250	\$341
		TOTAL	\$671

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$671**

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) State Prevention Conference	City, State	Enrollment Fee	\$200/per person x 2 persons	\$400
		Travel to and From Conference	300 Miles @ \$0.38	\$114
		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	\$2,558

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

(1) Attendance at the annual state substance abuse prevention conference is needed to enhance our coalition's capacity to assess substance abuse issues, problems, consequences and to work effectively to develop, design and implement effective community based interventions to reduce underage drinking.

(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 SF424A) **\$2,558**

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 SF424A) **\$ 0**

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Copies	8000 copies x .10/copy	\$800
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Display board posters for Town Hall meeting	\$200	\$200
	TOTAL	\$3,996

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

(1) General office supplies, postage and copies 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.

(4) The display board posters are needed for Town Hall educational meetings and gatherings where the community will be gathered to discuss underage drinking issues and related action.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) \$ 3,996

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/recipient 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) Law Enforcement	Training	\$30/hr x 100 hrs x 3	300 Hours	\$9,000
(2) Underage Drinking Expert	Training	2 training x 2 days	4 days	\$2,000
(3) Jane Smith	Evaluator	\$40 per hour x 120 hours	12 month period	\$4,800
(4) Town Hall Meeting Coordinator	Community Event/Town Hall x 5 meetings	\$30 per hour x 208 hours	12 month period	\$6,240

Name	Service	Rate	Other	Cost
(5) Community Activities & Evidence Based Intervention Coordinator	To be selected	\$40 per hour x 203 hours	12 month period	\$8,120
			TOTAL	\$30,160

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

- (1) Law enforcement staff will assist in implementing three intervention efforts; party patrols, Shoulder Tap initiatives and alcohol retail compliance checks. Each of their activities will be done three times during the grant year
- (2) Two trainings (two days each) will be held for coalition members to increase their understanding of and skills in developing underage drinking programs, intervention, activities and policies. Trainers to be determined.
- (3) 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.
- (4) Town Hall Meeting Coordinator will develop and assist in implementing a plan to include public education and outreach efforts to engage the community and key actors about recipient activities, and provision of presentations at public meetings (five per year) and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.
- (5) The Community Activities & Evidence Based Intervention Coordinator will coordinate project services and project activities, including training, communication, information dissemination and community liaison responsibilities.

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

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$30,160**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 120 sq. feet	\$1,800
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Brochures, Materials and Evidence Based Resources	\$1 x 5,012 brochures, materials, manuals and resources	\$5,012
	TOTAL	\$8,012

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

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

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

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

(3) Brochures, material and resources will be used at various community functions (health fairs, town halls and exhibits; etc.).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) \$8,012

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: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8 percent of personnel and fringe (.08 x \$3,921) \$314

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) \$48,647

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) \$314

TOTALS: (sum of 6i and 6j)

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A)
\$48,961**

**Provide the total proposed project period and federal funding as follows:
Proposed Project Period**

- a. Start Date: 09/30/2016 b. End Date: 09/29/2020**

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$3,250	\$3,250	\$3,250	\$3,250	0	\$13,000
Fringe	\$671	\$671	\$671	\$671	0	\$2,684
Travel	\$2,558	\$2,558	\$2,558	\$2,558	0	\$10,232
Equipment	0	0	0	0	0	0
Supplies	\$3,996	\$3,996	\$3,996	\$3,996	0	\$15,984
Contractual	\$30,160	\$30,160	\$30,160	\$30,160	0	\$120,640
Other	\$8,012	\$8,012	\$8,012	\$8,012	0	\$32,048

Total Direct Charges	\$48,647	\$48,647	\$48,647	\$48,647	0	\$194,588
Indirect Charges	\$314	\$314	\$314	\$314	0	\$1256
Total Project Costs	\$48,961	\$48,961	\$48,961	\$48,961	0	\$195,844

BUDGET SUMMARY (should include future years and projected total)

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$48,961**

***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.

Appendix III – Background Information

According to the Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking available at <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>, cultural change is necessary to prevent and reduce underage drinking. The Call to Action points out that culture is complex, however, and changing it requires sustained efforts on the part of multiple segments of society. In addition, the culture around underage drinking is especially difficult to change because alcohol use is embedded in American society. The responsibility for preventing and reducing underage alcohol use belongs to everyone in the United States. Successfully addressing the public health problem of underage drinking will require cooperation, coordination and collaboration among various community sectors including local government, criminal justice, education, business, religious or fraternal organizations, civic or volunteer organizations, healthcare professionals, media, parents, youth, and other organizations involved in reducing substance abuse.

Prevention research indicates that community organizations are best suited to implement environmental-level strategies which address the broader culture and context within which decisions are made about underage drinking, and to create wide-scale community change, rather than implementing strategies that are designed to effect individual level change. Therefore, recipients must focus on environmental strategies for preventing and reducing underage drinking, and recipients and member organizations should continue to seek other funding sources to implement individual (non-environmental) change strategies that are a part of a comprehensive community plan.

The promotion of positive mental health and prevention of mental and substance use disorders are key parts of the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) mission to reduce the impact of substance use and mental disorders on America’s communities. SAMHSA plans to promote health by placing a national priority on healthy mental, emotional, and behavioral development, especially in children, youth, and young adults.

Appendix IV – Disclosure of Drug Free Communities Grant

1. Please check the line identifying the category that represents your organization:

Former DFC Recipient _____

Current DFC Recipient _____

2. Identify the name of fiscal agent (a) and name of the coalition (b) funded by the DFC grant.

a) _____

b) _____

3. If the DFC grant award is/was issued to a funding organization or agency representing the organization, identify the name of the agency to which the DFC is or was awarded.

4. Please check the line identifying which of the following represents the DFC funding for the organization.

DFC Grant funded through Department of Justice _____

DFC Grant funded through Department of Justice and SAMHSA _____

DFC Grant funded through SAMHSA _____

5. Provide the grant number(s) that correspond with the information provided above.

6. Provide the years of DFC funding (e.g., 2009-2014) awarded to the organization.

Signature:

Date: