

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

**FY 2016 Program Supplements for Minority AIDS Initiative  
Continuum of Care Pilot (MAI-CoC) – Syringe Services  
Programs (SSPs)  
(Short Title: MAI-CoC: SSP)**

(Initial Announcement)

**Funding Opportunity Announcement (FOA) No. SP-16-008**

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 June 10, 2016.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>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.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Center for Mental Health Services (CMHS), and Center for Substance Abuse Prevention (CSAP), announce the availability of supplemental funding to enable grantees funded under the Minority AIDS Initiative Continuum of Care (MAI-CoC) program to expand and/or enhance grant activities required under the Request for Application (RFA), TI-14-013. The MAI-CoC: SSP supplemental grants will allow awardees to establish and/or enhance their current substance use and mental health treatment services programs, prevention, and HIV and hepatitis medical services, to existing syringe service programs (SSPs). Information on the MAI-CoC program may be found in the original RFA available on the SAMHSA website at <http://www.samhsa.gov/grants/archive>. This program is being funded by the Secretary's Minority AIDS Initiative Fund (SMAIF).

<b>Funding Opportunity Title:</b>	Minority AIDS Initiative Continuum of Care Pilot (MAI-CoC) – Syringe Services Programs (SSPs) (Short Title: MAI-CoC: SSP)
<b>Funding Opportunity Number:</b>	SP-16-008
<b>Due Date for Applications:</b>	June 10, 2016
<b>Anticipated Total Available Funding:</b>	\$1,650,000
<b>Estimated Number of Awards:</b>	Up to 20 grants
<b>Estimated Award Amount:</b>	Up to \$82,500 per year
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to two years
<b>Eligible Applicants:</b>	Current SAMHSA fiscal year (FY) 2014 Minority AIDS Initiative Continuum of Care Pilot (MAI-CoC) grantees

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

## I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Center for Mental Health Services (CMHS), and Center for Substance Abuse Prevention (CSAP), announce the availability of supplemental funding to enable grantees funded under the Minority AIDS Initiative Continuum of Care (MAI-CoC) program to expand/enhance grant activities required under the Request for Application (RFA), TI-14-013. The MAI-CoC: SSP supplemental grants will allow awardees to establish and/or enhance their current substance use and mental health treatment services programs, prevention, and HIV and hepatitis medical services, to existing syringe services programs (SSPs). Information on the MAI-CoC program may be found in the original RFA available on the SAMHSA website at <http://www.samhsa.gov/grants/archive>. This program is being funded by the Secretary's Minority AIDS Initiative Fund (SMAIF).

The purpose of the supplemental funding is to enable MAI-CoC grantees to establish and/or enhance partnerships with SSPs. By linking with SSPs, MAI-CoC programs can provide comprehensive, culturally competent services that link substance use and mental health treatment and prevention services with HIV and hepatitis prevention and medical care services for clients in SSPs in racial/ethnic minority communities and for individuals at high risk for or living with HIV. If a current MAI-CoC grantee already directly provides SSP services, these funds may be used to expand and/or enhance these activities to integrate HIV and hepatitis medical services, and Pre-Exposure Prophylaxis (PrEP) counseling into these services. Injection drug users are at high risk for HIV infection. Recent legislation allows federal funding for certain aspects of SSPs (not for purchasing of needles and syringes).

The goal of this program is for MAI-CoC grantees to establish linkages for enhanced comprehensive behavioral health, HIV, and hepatitis medical services, and PrEP counseling for clients served in existing SSPs for racial/ethnic minority populations and communities.

At a minimum, the funds awarded may be used to conduct the following activities:

- Enhanced risk assessment for acquiring HIV and/or hepatitis C infection.
- Increased access to HIV and hepatitis C testing through the MAI-CoC existing services.
- Referral to treatment services for those identified with HIV and/or hepatitis C infection.

- Increased access to substance use disorder prevention and treatment programs and mental health treatment programs within the MAI-CoC project. This may include medication-assisted treatment (MAT) and others, as appropriate.
- Increased counseling about HIV prevention, including PrEP, for those at high risk for acquiring HIV infection.
- Coordination of existing SSPs into a comprehensive service program that includes appropriate linkage and referral to substance use prevention and treatment services, mental health, and recovery support services.
- MAI-CoC grantees that currently are SSP providers or have linkages to existing SSPs may apply to reduce duplication of effort and increase access for the SSP population by coordinating and collaborating with other agencies, organizations, and providers involved in SSPs, substance use prevention and treatment, and HIV prevention activities.

Applicants are expected to incorporate SSPs into a comprehensive service program that includes appropriate linkages and referrals to substance use prevention and treatment services, mental health services, and recovery support services. To minimize duplication of effort for grantees with current SSPs or linkages to SSPs, grantees should coordinate and collaborate with other agencies, organizations, and providers involved in SSPs, substance use prevention and treatment, and HIV prevention activities.

Grant funds must be used to serve the populations of focus as stated in the original RFA, specifically, racial/ethnic minority populations at high risk for or having a mental and/or substance use disorder, and who are most at risk for or living with HIV, including African American and Latino women and men, gay and bisexual men, transgendered persons, and substance users. Other high priority populations, such as American Indian/Alaska Natives, Asian Americans, and other Pacific Islanders may be included based on the grantee's local HIV/AIDS epidemiological profile.

In Section B of the Evaluation Criteria, applicants must indicate the number of individuals they plan to contact, the number to be engaged and linked to care in the MAI-CoC services, and the number projected for HIV testing, hepatitis testing, and hepatitis vaccination. Grantees who are current SSP providers must describe how they are reducing duplication and increasing access to care for the SSP client population.

Applicants must indicate how consumers of existing SSPs will be engaged to plan, implement, and support the local evaluation of the supplemental activities.

In **Attachment 4** of the application, applicants must include a letter of commitment from partnering SSPs that demonstrates a commitment to facilitate linkages within the local geographic area. Memoranda of Agreement (MOAs) describing these partnerships/linkages must be provided within 30 days of the grant award. Project implementation and service delivery must begin no later than 30 days after grant award.

In lieu of conducting individual performance assessments of their projects, applicants should be aware that SAMHSA will be conducting an evaluation of the MAI-CoC: SSP grant program that will allow grantees and SAMHSA to assess the progress of individual projects funded by this supplement as well as measure the effectiveness of the grant program overall. The evaluation will be designed to comply with the Office of Management and Budget's expectations regarding independence, scope, and quality.

In addition, it is possible that the evaluation design may necessitate changes in the required data elements and/or timing of data collection or reporting. Grantees will be required to comply with any changes in data collection requirements. SAMHSA will work in collaboration with grantees to develop any changes in data collection requirements.

The FY 2014 MAI-CoC (TI-14-013) RFA required grantees to submit a health disparities impact statement. Under the MAI-CoC: SSP program, grantees are required to submit a revised health disparities impact statement. If your application is funded, you will be expected to submit a revised behavioral health disparities impact statement to SAMHSA no later than 60 days after receiving your award.

The MAI-CoC: SSP program is authorized under Section 301 (SMAIF funds) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

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

**NOTE: In addition to the above, grantees must comply with all of the requirements/expectations of the original grant for this program, including Government Performance and Results Act (GPRA) data collection.**

## **II. AWARD INFORMATION**

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$1,650,000
<b>Estimated Number of Awards:</b>	Up to 20 awards
<b>Estimated Award Amount:</b>	Up to \$82,500 per year
<b>Length of Project Period:</b>	Up to two years

Proposed budgets cannot exceed the allowable amount in any year of the supplement. 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.

## **III. ELIGIBILITY INFORMATION**

### **1. ELIGIBLE APPLICANTS**

Eligibility for this funding opportunity is limited to current SAMHSA FY 2014 MAI-CoC (TI-14-013) grantees. Eligibility is limited because these grantees specifically focus on the integration and co-location of behavioral health care and HIV and hepatitis medical services. These grantees have experience linking mental health, substance use, and prevention services with HIV and hepatitis screening and testing, and hepatitis vaccination. Having the established infrastructure, partnerships, knowledge, and experience best positions these entities to establish linkages with SSPs in the community without a lengthy start-up period or break in service.

### **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. There are page limits for Section E, Biographical Sketches/Job Descriptions, but there are no page limits for Section F, Confidentiality and SAMHSA Participant Protection/Human Subjects. Additional instructions for completing these sections are included in PART II-V: 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 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. 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:** Letter to the Single State Agency (if applicable; see PART II: Appendix C –Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 4:** Letter of Commitment from the SSP

## 2. APPLICATION SUBMISSION REQUIREMENTS

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

## 3. FUNDING LIMITATIONS/RESTRICTIONS

**Funds for this supplemental program must be tracked separately from the original grant. However, grantees for this program will not be required to track funds separately by CMHS/CSAP/CSAT.**

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 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).

**Section A: Progress to Date (20 points)**

1. Describe your organization's experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

**Section B: Proposed Approach for Program Expansion/Enhancement (35 points)**

1. Describe your plans to enhance your existing program by linking SSPs with comprehensive behavioral health services, and HIV and hepatitis prevention and medical care. Describe how the MAI-CoC: SSP activities you propose will meet the expected goals and objectives of the supplemental program.
2. Identify and describe all activities to be expanded or enhanced with the MAI-CoC: SSP, including:
  - Enhanced risk assessment for acquiring HIV and/or hepatitis C infection.
  - Increased access to HIV and hepatitis C testing through the MAI-CoC existing services.
  - Referral to treatment services for those identified with HIV and/or hepatitis C infection.
  - Increased access to substance use disorder prevention and treatment programs and mental health treatment programs within the MAI-CoC project. This may include MAT and others as appropriate.
  - Increased counseling about HIV prevention, including PrEP, for those at high risk for acquiring HIV infection.
  - Coordination of existing SSPs into a comprehensive service program that includes appropriate linkage and referral to substance use prevention and treatment services, mental health, and other support services.
  - Indicate the number of individuals you plan to contact, the number to be engaged and linked to care in the MAI-CoC services, and the number projected for HIV testing, hepatitis testing, and hepatitis vaccination. Grantees who are current SSP providers must describe how they are reducing duplication and increasing access to care for the SSP client population.

3. If you are currently an SSP provider or have linkages to existing SSPs, describe how you will reduce duplication of effort and increase access for the SSP population by coordinating and collaborating with other agencies, organizations, and providers involved in SSPs, substance use prevention and treatment, and HIV prevention activities. If you do not currently provide SSP or have linkages to existing SSPs, indicate so in your response.
4. Describe how the supplemental activities will be integrated into the ongoing project.
5. Describe the roles and responsibilities of partnering organizations. Include a letter of commitment from partnering SSPs that demonstrates a commitment to facilitate linkages within the local geographic area in **Attachment 4** of the application.
6. Describe how the proposed approach will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability.

### **Section C: Implementation Plan and Staffing (30 points)**

1. Present your plan for implementing and managing the supplemental activities. Include a timeline for implementation showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.
2. Describe the services to be provided and how you will establish and maintain linkage and referrals to substance abuse prevention and treatment services, mental health, and other support services with a SSP.
3. Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., enhanced risk assessment for acquiring HIV and/or hepatitis C infection, increased counseling about HIV prevention, including PrEP and MAT).
4. 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.
5. Indicate how consumers of existing SSPs will be engaged to plan, implement, and support the local evaluation of the supplemental activities.

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

1. Provide an updated performance measurement plan that incorporates the new activities to be funded with supplemental funds.
2. Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing GPRA Modernization Act of 2010 activities.
3. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

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

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

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;
- 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 of your original grant, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Judith Ellis  
Community Grants and Program Development Branch  
Division of Community Programs  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-2567  
[Judith.Ellis@samhsa.hhs.gov](mailto:Judith.Ellis@samhsa.hhs.gov)

Andrea Harris  
Division of Services Improvement  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-2441  
[Andrea.Harris@samhsa.hhs.gov](mailto:Andrea.Harris@samhsa.hhs.gov)

Ilze Ruditis  
Homeless Program Branch  
Division of Service and Systems Improvement  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1777  
[Ilze.Ruditis@samhsa.hhs.gov](mailto:Ilze.Ruditis@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  
Rockville, MD 20857  
(240) 276-1412  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@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 users, pregnant women, or other targeted groups.

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

### 3. Absence of Coercion

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

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made.



Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 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 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 use client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

#### 6. Adequate Consent Procedures

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

- Explain how you will get consent for youth, the elderly, and people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 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 grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s

proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under "Applying for a New SAMHSA Grant," <http://www.samhsa.gov/grants/apply.aspx>.

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

## **Appendix 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**

<b>Position</b>	<b>Name</b>	<b>Annual Salary/Rate</b>	<b>Level of Effort</b>	<b>Cost</b>
(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

Purpose of Travel	Location	Item	Rate	Cost
			<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**

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

Item(s)	Rate	Cost
	<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
(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



Name	Service	Rate	Other	Cost
(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 use, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

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

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

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

**FEDERAL REQUEST**

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

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TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

**TOTAL: (sum of 6i and 6j)**

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

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

**Proposed Project Period**

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

**BUDGET SUMMARY** (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220

<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>
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.**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
<b>Total Direct</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>
Charges						
Indirect Charges	\$750	\$750	\$750	\$750	\$750	<b>\$3,750</b>
<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
<b>Total Direct Charges</b>	<b>\$34,300</b>	<b>\$34,300</b>	<b>\$34,300</b>	<b>\$34,300</b>	<b>\$34,300</b>	<b>\$171,500</b>
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490

<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>
<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>