

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

**First Responders - Comprehensive Addiction and Recovery Act**

**Cooperative Agreement**

**Short Title: FR - CARA**

**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. SP-17-005**

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

**PART 1: Programmatic Requirements**

**Note to Applicants:** This document MUST be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements 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 July 31, 2017.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). 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 the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2017 First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) Cooperative Agreements. SAMHSA will award FR-CARA funds to states, tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (ISDEAA)), and local governmental entities. Local governmental entities include, but are not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships. The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities.

<b>Funding Opportunity Title:</b>	First Responders-Comprehensive Addiction and Recovery Act
<b>Funding Opportunity Number:</b>	SP-17-005
<b>Due Date for Applications:</b>	<b>July 31, 2017</b>
<b>Anticipated Total Available Funding:</b>	Up to \$10,423,364 per year of which \$6,000,000 will be for entities serving rural communities with high rates of opioid abuse
<b>Estimated Number of Awards:</b>	Up to 30
<b>Estimated Award Amount:</b>	Up to \$250,000 – \$800 000 per year [See Table 1 of this FOA for estimated award amounts]
<b>Cost Sharing/Match Required</b>	No

<b>Length of Project Period:</b>	Up to 4 years
<b>Eligible Applicants:</b>	<p>States, Local governmental entities, and Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (ISDEAA).</p> <p>The eligibility for this grant program is statutorily defined in Section 546 of the Public Health Service Act</p> <p>[See <a href="#">Section III-1</a> of this FOA for complete eligibility information.]</p>

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

**IMPORTANT APPLICATION INFORMATION:** SAMHSA’s application procedures have changed. **All applicants must register with NIH’s eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. SAMHSA will not be able to accept applications from applicants that do not complete the registration process. No exceptions will be made.** Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements). Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for fiscal year (FY) 2017 First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) Cooperative Agreements. SAMHSA will award FR-CARA funds to states, tribes and tribal organizations, and local governmental entities. Local governmental entities include, but are not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships. The purpose of this program is to allow first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency

treatment of known or suspected opioid overdose. Grantees will train and provide resources to first responders and members of other key community sectors at the local governmental and tribal levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities.

For the purposes of this funding opportunity announcement (FOA), first responders include: firefighters, law enforcement officers, paramedics, emergency medical technicians, or other legally organized and recognized volunteer organizations that respond to adverse opioid related incidents.

SAMHSA will use discretion in allocating funding for these awards, taking into consideration whether the project will be implemented in rural or non-rural geographic areas.

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

FR-CARA grants are authorized under section 546 of the Public Health Service Act. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

## **2. EXPECTATIONS**

To meet the goals of the FR-CARA grant program, SAMHSA will fund states, tribes and tribal organizations and local governmental entities. SAMHSA expects grantees to use grant funds to support the following activities:

- Make a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose available to be carried and administered by first responders and members of other key community sectors;
- Train and provide resources for first responders and members of other key community sectors on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose; and
- Establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities, which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to follow-up services.

Grantees may use up to 10 percent of funds for state, tribal or local governmental level administrative costs.

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

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. (See PART II- [Appendix E, Addressing Behavioral Health Disparities.](#))

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent<sup>1</sup> of all cigarettes smoked and can experience serious health consequences<sup>2</sup>. A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

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

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<sup>1</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked*. Rockville, MD. <http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

<sup>2</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

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

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

## **2.1 Required Activities**

FR-CARA grant funds must be used primarily to support the following activities:

- Make a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act available for emergency treatment of known or suspected opioid overdose available to be carried and administered by first responders and members of other key community sectors;
- Train and provide resources for first responders and members of other key community sectors on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose; and
- Establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities, which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to follow-up services.

Grantees are required to form or join an established advisory council that meets the requirements of the grant. If the grantee chooses to join an established advisory council, the grantee must establish a memorandum of understanding (MOU) with the existing council that ensures that the FR-CARA requirements will be met.

**The advisory council must include representatives from:**

- The Office of the Governor or Chief Executive Officer, tribal council, or office of the local chief executive, as applicable; and,
- A core group of agencies identified by the grantee that must include agencies currently engaged in efforts to prevent prescription drug/opioid overdose-related deaths. This may include first responders, entities that distribute FDA-approved overdose reversal drugs, and representatives of agencies and organizations responsible for substance abuse treatment and recovery support services.

Members of other key community sectors such as substance abuse treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs, health care providers, harm reduction groups, pharmacies, community health centers and mental health are also encouraged to be a part of the advisory council. The advisory council should provide ongoing advice and guidance to the program throughout the four years of the grant, and create workgroups to monitor progress and ensure that the goals of the project are being met.

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

For entities applying as part of the Rural Set-aside, the states, tribes and tribal organizations, and local governments must identify how the community where the project will be implemented is not located in metropolitan statistical areas (as defined by the Office of Management and Budget) and has a high rate of substance abuse.

Grantees must be able to identify a catchment area that:

1. Is a specific geographically defined area not located in metropolitan statistical areas (as defined by the Office of Management and Budget); and
2. Has been disproportionately impacted by opioid abuse as evidenced by high rates of primary treatment admissions for heroin and other opioids.

All applicants must complete the Statement of Assurance in Appendix C specifying whether the project will be implemented in a community not located in a metropolitan statistical area and whether this is a community of high need. The Statement of Assurance should be placed in Attachment 5.

## 2.2 Other Allowable Activities

SAMHSA's FR-CARA grants may also support the following types of activities:

- Collaborate with health care providers to educate them on overdose dangers, and recommend that they consider providing resources to overdose victims and families, including information on treatment and recovery.
- Provide public education on any state "Good Samaritan" laws, such as those that permit bystanders to alert emergency responders to an overdose or to administer FDA-approved overdose reversal drugs without fear of civil or criminal penalties.

## 2.3 Data Collection and Performance Measurement

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

1. The number of first responders and members of other key community sectors equipped with a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
2. The number of opioid and heroin overdoses reversed by first responders and members of other key community sectors receiving training and supplies of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
3. The number of responses to requests for services by the entity or subgrantee, to opioid and heroin overdose; and
4. The extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions.

This information will be gathered electronically using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. The frequency of data reporting will be determined and communicated to grantees following the award.

Data collection activities will help grantees develop tracking systems to follow up with high-risk populations and increase prevention capacity. The data will be used to

understand the impact of grant activities on overdose deaths and reversals, and on unintentional and intentional opioid-related drug poisoning in the selected communities. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide. Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

In addition to conducting performance monitoring, grantees could be asked to participate in a cross-site evaluation of the FR-CARA program, and all grantees must comply with the data collection and reporting requirements mandated by SAMHSA for such an evaluation. Details regarding participation in the cross-site evaluation will be communicated only if participation is required.

## **2.4 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help 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 also should be used 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 biannually. Progress reports will be submitted online to your project officer for feedback/approval. In addition, grantees will be required to submit an evaluation plan to their project officer.

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 the intervention on key outcomes and program goals?

What program/contextual/cultural/linguistic factors were associated with outcomes?

What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?

How sustainable were the effects?

### *Process Questions:*

How closely did implementation match the plan?

What types of changes were made to the originally proposed plan?

What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?

What led to the changes in the original plan?

What effect did the changes have on the planned intervention and performance assessment?

Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

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

## 2.5 Grantee Meetings

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

## II. AWARD INFORMATION

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** Up to \$10,423,364 per year of which \$6,000,000 will be for grantees serving rural communities with high rates of opioid abuse.

**Estimated Number of Awards:** Up to 30

**Estimated Award Amount:** Up to \$250,000 - \$800,000 per year

**Length of Project Period:** Up to 4 years  
**(Proposed Project:  
Start Date: 9/30/2017  
End Date: 9/29/2021)**

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

**TABLE 1: Awards for Eligible Applicants**

Applicant Type	Maximum Award Amount
States	Up to \$800,000
Local Governmental Entity	Up to \$500,000
Tribe or Tribal Organization	Up to \$250,000

**These awards will be made as cooperative agreements**

**Cooperative Agreement**

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

Role of Grantee:

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

Role of SAMHSA Staff:

The GPO will serve as an active participant in the implementation of the grantees’ projects to provide guidance and TA to help grantees achieve their goals. The GPO roles and responsibilities include the following: monitoring and reviewing progress of projects; monitoring development and collection of process and outcome data from

grantees; ensuring compliance with data/performance measurement requirements; consultation on and participation in the redesign or modification of infrastructure or system changes; providing guidance in defining new strategic directions; providing support services for training, evaluation, and data collection; arrangement of meetings designed to support key grantee activities; review of key documents central to the project's success, including review and approval of the grantee's approach and methodology to identify and select communities of high need; and ensuring that projects are responsive to SAMHSA's mission.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants include States, American Indian/Alaska Native tribes, tribal organizations, and consortia of tribes or tribal organizations, and local governmental entities, including, but not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships. The eligibility for this grant program is statutorily defined in Section 546 of the Public Health Service Act.

For the purposes of this funding opportunity announcement, a tribe, as defined at 25 U.S.C. § 1603(14), refers to any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Further, a tribal organization, as defined at 25 U.S.C. § 1603(26), is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided, That in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

The statute indicates that the definition of "rural," should be the one utilized by the Office of Management and Budget which indicates that they are not located in metropolitan statistical areas. Link to state maps: <https://www.census.gov/geo/maps-data/maps/statecbsa.html>.

## 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 all Sections of the SF-424A. Please note the following: **In Line #17 of the SF-424** please input the following information: (Proposed Project: a. Start Date: 9/30/2017; b. End Date: 9/29/2021).
- **Section A** – Budget Information – Non-Construction Programs: Use the first row only (Line 1) to report the total federal funds and non-federal funds requested for the 1<sup>st</sup> year of your project only.
- **Section B** – Budget Categories: Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the 1<sup>st</sup> year of your project only.
- **Section D** – Forecasted Cash Needs: Use the first column “*Total for 1<sup>st</sup> Year*” only to enter the amount requested (federal and non-federal) for Year 1 of the project period
  - **Section E** – Budget Estimates of Federal Funds Needed for Balance of the Project is for the amount requested for Year 2, Year 3 and Year 4.
- A sample budget and justification is included in Appendix B of this document. **It is highly recommended that you use the sample budget format in Appendix B. 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 must be attached to your application using the Other Attachments Form from the

Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. 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: SectionII-3.1, Required Application Components.)
- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.
  - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).
  - **Attachment 5:** Signed Statement of Assurance as described in Section I:2.1 (Appendix C).

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **July 31, 2017**.

**IMPORTANT APPLICATION INFORMATION:** SAMHSA's application procedures have changed. **All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are**

**interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. SAMHSA will not be able to accept applications from applicants that do not complete the registration process. No exceptions will be made.** Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements). Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of this application due date.

### **3. FUNDING LIMITATIONS/RESTRICTIONS**

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.
- Grantees may use up to 10 percent of funds for state, tribal or local governmental level administrative costs.
- SAMHSA grant award funds must not be used for the same activities that are funded by HRSA, CDC, or other SAMHSA programs.
- Only drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose may be purchased with FR-CARA funds.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix C, Standard Funding Restrictions.**

### **4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS**

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

### **V. APPLICATION REVIEW INFORMATION**

#### **EQUITABLE DISTRIBUTION OF FUNDS**

In awarding FR-CARA grants SAMHSA will distribute funds equitably to address the needs of underserved populations, including rural and tribal communities; and focus on

communities that have been disproportionately impacted by opioid abuse as evidenced in part by high rates of primary treatment admissions for heroin and other opioids..

**A minimum of \$6 million dollars of the funds available for awards will be dedicated to rural communities of high need.**

## **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, 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.
- 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 (25 points)**

1. Describe the projects and initiatives currently being implemented by the state, tribal, or local governmental entity related to the prevention of overdose deaths.
2. Identify the geographic catchment area for the proposed project. Describe the severity of the problem in this catchment area to include prevalence rates, consequence data, and risk and protective factor data relevant to prescription drug/opioid abuse, prescription drug/opioid overdose, overdose reversal, and overdose deaths. If you are applying for the Rural Set Aside, provide evidence that the project community/communities that will be utilizing the funding are not within a Metropolitan Statistical Area. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the

data. Note: Prevalence rates may come from a variety of quantitative sources such as needs assessments, SAMHSA's state estimates from the National Survey on Drug Use and Health, and/or other state/national data sources (e.g., state-level health surveys, SEOW data, National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports). This list is not exhaustive; applicants may submit other valid data, as appropriate for their program.

3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective overdose prevention and intervention services at the state, tribal, or local governmental level that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the qualitative data that could be used include interviews with community stakeholders, focus groups, and case studies. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from needs assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/ CDC reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

## **Section B: Proposed Approach (35 points)**

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA, SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness, and the performance measures identified in Section D: Data Collection and Performance Measurement.
2. Provide a chart or graph depicting a realistic timeline for the entire four (4) years of the project period, showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
3. Describe how the key activities in your timeline will be implemented, including how they will improve outcomes.
4. Describe how the proposed program could be broadly replicated if demonstrated to be effective.
5. Identify the governmental and community agencies that you plan to coordinate with in the implementation of the project, such as substance abuse treatment providers, other healthcare providers, and entities currently

- engaged in FDA-approved overdose reversal drug distribution. Describe the specific roles and responsibilities of these agencies and demonstrate their commitment to the project. Include letters of commitment from these agencies in **Attachment 1** of your application. .
6. Describe how the entity will ensure that law enforcement agencies will coordinate with their corresponding State substance abuse and mental health agencies to identify protocols and resources that are available to overdose victims and families, including information on treatment and recovery resources.
  7. Describe the relevant barriers and challenges you expect to encounter in the implementation of the project and how the project will work to overcome these anticipated barriers and challenges.
  8. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
  9. Describe your intent to form or join an Advisory Council and include information on its membership, roles, functions, and frequency of meetings. Briefly describe how the Advisory Council will assist the selected communities in achieving the goals of the proposed project.

**Section C: Staff, Management, and Relevant Experience (10 points)**

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
3. Provide a complete list of staff positions for the project, including the Project Director and Lead Evaluator, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and Lead Evaluator.
4. Discuss how key staff has demonstrated experience and is qualified to develop the infrastructure for the proposed project. .

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

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.3](#) of this FOA.
2. Describe your specific plan for:
  - data collection,
  - management,
  - analysis, and
  - reporting of data for the population(s) served by your infrastructure program.

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

3. Describe the evidence-based methodology and outcome measurements that will be used to evaluate the program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program;
4. Describe your plan for conducting the local performance assessment as specified in [Section I-2.4](#) of this FOA and document your ability to conduct the assessment.
5. 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.

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

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

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

Be sure 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: Section II-3.1, Required Application Components](#).)**

## **REQUIRED SUPPORTING DOCUMENTATION**

### **Section E: Biographical Sketches and Job Descriptions**

See PART II: Appendix D, 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. **Failure to include these procedures will impact the review of your application.** See [Appendix A](#) 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 CSAP National Advisory Council;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System

for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. The frequency of data reporting will be determined and communicated to grantees following the award.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

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

Kameisha Bennett, MA  
Division of State Programs  
Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 16E25C  
Rockville, MD 20857  
(240) 276-2586 Phone  
(240) 276-2560 Fax  
[kameisha.bennett@samhsa.hhs.gov](mailto:kameisha.bennett@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  
(240) 276-1412  
[FOACSAP@samhsa.hhs.gov](mailto:FOACSAP@samhsa.hhs.gov)

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

## Confidentiality and Participant Protection:

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

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

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

### 2. Fair Selection of Participants

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

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

### 3. Absence of Coercion

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

### 4. Data Collection

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

## 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the

consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

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

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

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

#### 7. Risk/Benefit Discussion

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

### **Protection of Human Subjects Regulations**

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

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

## Appendix B – Sample Budget and Justification (no match required)

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

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

### FEDERAL REQUEST

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

### JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

**FEDERAL REQUEST**

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

**JUSTIFICATION: Fringe reflects current rate for agency.**

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

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

**FEDERAL REQUEST**

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

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

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

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

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

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

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

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

**FEDERAL REQUEST**

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

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

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

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

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

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

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

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

**FEDERAL REQUEST**

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

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

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

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

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

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

**FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Rent*	\$15/sq. ft. × 700 sq. ft.	\$10,500
(2) Telephone	\$100/mo. × 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up × 278 clients	\$2,780
(4) Brochures	.89/brochure × 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 × \$63,661) \$5,093**

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

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

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

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

**Proposed Project Period**

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

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

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

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

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

**\*FOR REQUESTED FUTURE YEARS:**

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix G, Standard 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-5 of the FOA Part I: Programmatic Guidance.**

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

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

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

## Appendix C – Statement of Assurance

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Assurance.

All applicant organizations must specify the geographic catchment area in which the project will be implemented. Rural applicants must specify if the project will be implemented in a community of high need.

Please check the appropriate box:

- The organization will be implementing the project in a rural geographic area not located in a metropolitan statistical area (as defined by the Office of Management and Budget).
- The organization will be implementing the project in a non-rural geographic area located in a metropolitan statistical area (as defined by the Office of Management and Budget).

If you are applying as a rural applicant, please check the appropriate box:

- The project will be implemented in a community of high need.
- The project will not be implemented in a community of high need.

This form must be signed and dated by an authorized representative of the applicant organization certifying that the aforementioned statement is accurate.

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Type or Print Name and Title

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Signature of Individual Certifying Validity of  
All Information Contained in this Document

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Date of Signature