Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

(Short Title: PPW)

(Initial Announcement)

Request for Applications (RFA) No. TI-14-005

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

Key Dates:

Application Deadline	**Applications are due by March 31, 2014**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2014 Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children.

The populations of focus are low-income (according to federal poverty guidelines) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services. SAMHSA has identified traditionally underserved populations, especially racial and ethnic minority women, as a population of focus. SAMHSA is particularly concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. Services should be extended, when deemed appropriate, to fathers of the children, partners of the women, and other family members of the women and children who do not reside in the residential treatment facility.

Funding Opportunity Title:	Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (Short Title: PPW)
Funding Opportunity Number:	TI-14-005
Due Date for Applications:	March 31, 2014
Anticipated Total Available Funding:	$8,384,000
Estimated Number of Awards:	Up to 16 awards
Estimated Award Amount:	Up to $524,000 per year
Cost Sharing/Match Required	Yes [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 3 years

Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities, which includes: state and local governments, federally recognized American Indian/Alaska Native (AI/AN) tribes, urban Indian organizations, public or private universities and colleges, and community and faith-based organizations. **Current PPW grantees, which received grant awards under TI-11-009, Services Grant Program for Residential Treatment for Pregnant and Postpartum Women, in FY 2011 and FY 2012 are not eligible to apply for this funding opportunity.** [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2014 Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children.

The populations of focus are low-income (according to federal poverty guidelines) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services. SAMHSA has identified traditionally underserved populations, especially racial and ethnic minority women, as a population of focus. SAMHSA is particularly concerned about the high morbidity and mortality rates of pregnant women and their infants among African Americans. Services should be extended, when deemed appropriate, to fathers of the children, partners of the women, and other family members of the women and children who do not reside in the residential treatment facility.

The PPW program supports evidence-based parenting and treatment models including trauma-specific services in a trauma-informed context, which will:

- Decrease the use and/or abuse of prescription drugs, alcohol, tobacco, illicit and other harmful drugs (e.g., inhalants) among pregnant and postpartum women;
- Increase safe and healthy pregnancies;
- Improve birth outcomes;
- Reduce perinatal and environmentally related effects of maternal and/or paternal drug abuse on infants and children;
- Improve the mental and physical health of the women and children;
- Prevent mental, emotional, and behavioral disorders among the children;
- Improve parenting skills, family functioning, economic stability, and quality of life;
- Decrease involvement in and exposure to crime, violence, and neglect; and

- Decrease physical, emotional, and sexual abuse for all family members.

In accordance with SAMHSA's Strategic Initiative on Trauma and Justice, the PPW program aims to reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems.

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

PPW is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

PPW grants are authorized under Section 508 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

This grant announcement defines residential treatment programs as programs that offer organized substance abuse treatment services for women and their minor children, which feature a planned regimen of care in a safe 24-hour residential setting with staff supervision. This program approaches service delivery from a family-centered perspective, meets the multiple individual needs of the population of focus, and considers the health and well-being of the family members within the context of their families and other important relationships. SAMHSA recognizes the importance of early childhood as the foundation for healthy social and emotional development, so applicants should meet the needs of young children while serving all the minor children of the mothers in the program. When minor children cannot reside in the treatment facility with their mother, and there are no other living arrangements available, alternative safe and appropriate accommodations for the children must be arranged in consultation with the mother. Those minor children and other family members who do not reside in the treatment facility are to receive the required services and interventions (see below "Required Supplemental Prevention, Treatment, and Recovery Support Services"), and must be actively engaged in the treatment process. To ensure that the goals of the individual and family treatment plan are met, any services that are provided off-site must be well-coordinated.

Minimum Qualifications

In accordance with Section 508 of the Public Health Service Act, the Single State Agency (SSA) for substance abuse must certify that:

- The applicant has the capacity to carry out the program described in this RFA;
- The applicant's program approach (i.e., the application) is consistent with the policies of the SSA regarding the treatment of substance abuse; and
- The applicant, or any entity through which the applicant will provide required services, meets all applicable local, city, county and state licensure or certification requirements regarding the provision of the services involved. [NOTE: If the applicant provides services in a state or community where licensure, accreditation, or certification is not required, the SSA must attest to that.]

The letter from the SSA providing these certifications must be included as Attachment 6 or the application will be screened out and will not be considered for an award.

2.1 Program Requirements

General Agreements for Providing Services

In Section C: Proposed Implementation Approach of the Project Narrative, the applicant must provide a statement agreeing to meet the following nine requirements and demonstrate its capacity to do so:

1. Provide residential services in the language and cultural context that is most appropriate. The program will be operated at a location that is readily accessible to the population served.

2. Ensure that the minor children will reside with the mother in such facilities, if the mother so requests. Efforts will be made to include as many of the mother's children as possible in the residential facility.

3. Implement service(s) or practice(s), including strategies to stabilize, strengthen, preserve, and reunite families, for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children, as appropriate. The service system for the children will be gender, age, culture, and developmentally appropriate for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.

4. Screen pregnant and postpartum women and other non-residential adults, who are included in treatment planning, age 18 years or older, for alcohol misuse. Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

5. Screen and assess pregnant and postpartum women, minor children of the mothers, and non-residential family members, who are included in treatment planning for Fetal Alcohol Spectrum Disorders (FASD).

6. Provide tobacco use counseling and interventions as part of the standard of practice, as appropriate. Ask all non-pregnant women and non-residential adult family members, who are included in treatment planning, about tobacco use. Provide those adults who use tobacco products with tobacco cessation interventions. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco products. Provide interventions for school-aged children and adolescents of the women, including education or brief counseling, to prevent initiation of tobacco use.

7. Screen and assess clients for the presence of co-occurring substance use disorders (abuse and/or dependence), depression, anxiety, and other mental disorders, as well as, trauma and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such conditions.

8. Offer a comprehensive service system, which is trauma-informed, including assessments and interventions that consider the individual's adverse life experiences within the context of their culture, history, and exposure to traumatic events. Implement strategies that ensure the system of care incorporates a trauma-informed approach.

9. Provide evidence-based prevention program(s), including parenting interventions, which have positive effects on parenting behavior and the developmental trajectories of the children.

Applicants are required to develop comprehensive individualized and family service plans to meet the needs of each family member and the family unit as a whole. These plans must be developed in consultation with the women, children, and family members of both the women and children, as appropriate. Service plans must include individual, group, and family counseling, as appropriate, as well as follow-up relapse prevention, supplemental treatment, and prevention and recovery support services, as required.

Applicants must demonstrate that a comprehensive, coordinated, integrated service system is in place to meet the complex needs of the family members. In doing so, applicants must have Memoranda of Understanding or Agreements (MOUs/MOAs) with key agencies and organizations, such as local public housing authorities (for permanent housing for families), substance abuse, mental health, primary health, family court, criminal justice, employment, and education programs.

In **Attachment 7**, applicants must provide MOUs/MOAs with agencies and organizations in the applicant's network of partners. The MOUs/MOAs must identify the services that will be provided, the willingness to participate in cross-training, and specific arrangements for sharing consumer information among partners. **Applications that do not provide the aforementioned MOUs/MOAs in Attachment 7 will be screened out and will not be considered for an award.**

Grant funds may not be used to purchase treatment provided in outpatient, day treatment (including outreach-based services), or intensive outpatient programs.

Required Supplemental Prevention, Treatment, and Recovery Support Services

Grantees must primarily use SAMHSA's services grant funds to support allowable direct services. Allowable direct services include the following services required either under Section 508 or by SAMHSA, and are deemed necessary for comprehensive substance abuse prevention, treatment, and recovery support services system for women, their children, and family members. These services must be provided either by the applicant or through MOUs/MOAs with partners in the network.

Women

- Outreach, engagement, pre-treatment, screening, and assessment;
- Detoxification;
- Substance abuse education, treatment, and relapse prevention;
- Medical, dental, and other health care services, including obstetrics, gynecology, diabetes, hypertension, and prenatal care;
- Postpartum health care including attention to depression and anxiety disorders, and medication needs;
- Specialized assessment, monitoring, and referrals for education, peer support, therapeutic interventions and physical safety;
- Mental health care that includes a trauma-informed system of assessments and interventions;
- Parenting education and interventions;
- Home management and life skills training;
- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, other STDs, and related issues;
- Employment readiness, and job training and placement;
- Education and tutoring assistance for obtaining a high school diploma and beyond;

- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities;
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching; and
- Transportation and other necessary wraparound services.

Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants at birth through developmental trajectories of the children;
- Prevention assessments and interventions related to mental, emotional, and behavioral wellness;
- Mental health care that includes a trauma-informed system of assessments, interventions, and social-emotional skill building services;
- Developmental services and therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech and physical therapies;
- Primary and pediatric health care services, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal and environmental effects of maternal and/or paternal substance abuse, e.g., HIV, abuse, and neglect;
- Social services, including financial supports and health care benefits; and
- Education and recreational services.

Family

- Family-focused programs to support family strengthening and reunification, including parenting education and interventions and social and recreational activities;
- Alcohol and drug education and referral services for substance abuse treatment;
- Mental health promotion and assessment, prevention and treatment services, in a trauma-informed context; and
- Social services, including home visiting, education, vocational, employment, financial, and health care services.

Case Management

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans;
- Assess and monitor the extent to which required services are appropriate for women, children, and the family members of the women and children;

- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources;
- Assistance in accessing resources from federal, state, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education, and training; and
- Connections to safe, stable, and affordable housing that can be sustained over time.

Grantees may use no more than 10 percent of the total grant award for integration of evidence-based services and practices (e.g., trauma, parenting, and smoking cessation interventions) into their treatment service system of care.

Residential Treatment Phase and Length of Stay

The applicant may propose a residential phase for a specific timeframe (e.g., three or four months). The selected treatment phase should be consistent with the applicant's experience with, and knowledge of, the population of focus and what is reflected in the literature for women who have previously used such services. Applicants should use information about length of stay for this population of focus to more accurately estimate the number of women, children, and family members to be served by the project.

Ultimately, a woman's length of stay in the residential treatment phase should be guided by her individual service plan. While there may be some exceptions, SAMHSA recommends that the residential treatment phase not exceed six months.

Phase-in Plan

In **Attachment 8,** you are required to include a reasonable budget for the phase-in plan. **(**Note: Your detailed phase-in plan in the project narrative must include details about creating a trauma-informed approach and incorporating evidence-based services and practices into the system of care.) The phase-in time may not exceed three months after the award. **Service delivery must begin by the fourth month after the award.**

Reimbursement for Services

In **Attachment 9,** you must state whether or not you will seek reimbursements from the client and/or from Medicaid. If you intend to receive such reimbursements, you must attest to your willingness to meet the requirements noted below under "Status as a Medicaid Provider" and "Imposition of Charges." **These reimbursements are considered to be Program Income and must be reflected on the Application for Federal Assistance (SF-424) under "Estimated Funding" and on the Budget Information–Non-Construction Programs form (SF-424A).**

Status as a Medicaid Provider: Except for institutions for mental diseases as defined in section 1905(i) of the Social Security Act, applicants must show, in the case of any authorized treatment service available pursuant to the state plan approved under title XIX of the Social Security Act, that:

- The applicant for the award will provide the services directly, and the applicant has entered into a participation agreement under the state plan, and is qualified to receive payments under such plan; or

- The applicant will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, the entity has entered into such a participation agreement plan and is qualified to receive such payments. This participation agreement shall be waived if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under an insurance policy or under any federal or state health benefits plan. (For further details see Section 508(e)(2) (A), (B), and (C) of the Public Health Services Act - http://www.house.gov/legcoun/Comps/PHSA_CMD.pdf.)

Imposition of Charges: If a charge is imposed for the provision of authorized services to an eligible woman, such charge:

- Will be made according to a schedule of charges that is made available to the public;

- Will be adjusted to reflect the income of the woman involved; and

- Will not be imposed on any such woman with an income of less than 185 percent of the official poverty line, as established by the Director of Management and Budget (OMB) and revised by the Secretary in accordance with section 9902 (2) of this title.

Other Award Requirements

Technical Assistance: SAMHSA/CSAT will provide post-award support to applicants through technical assistance on administrative, programmatic, and evaluation requirements; data collection, analysis, and interpretation; and development of reports, products, and publications.

Facility Licensing: The residential treatment facility must meet all state and local building, housing, health, safety, and fire code regulations, as well as other applicable state and local child-care and residential facility licensing requirements. **Residential facility licensure requirements differ from those of treatment provider licensure noted in the RFA in Section I-2- Minimum Qualifications.** Licensing requirements for facilities offering group residential care for infants and children are sometimes stringent and may extend to staffing patterns with implications for the number and characteristics of the project staff. If the applicant <u>does not</u> have control of a currently operating facility and plans to lease a space/facility, the applicant must have a written agreement with the owner of the space/facility to lease this space to the applicant upon award. **This letter of agreement must be provided in Attachment 10**. If the applicant intends to lease a space/facility upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate state agency.

In identifying a facility, the applicant must be particularly sensitive to the public health needs of the population of focus, including vulnerability for tuberculosis (TB), hepatitis, asthma, and environmental issues related to lead, asbestos, and mold.

Documentation of compliance with residential facility licensure requirements must be provided in **Attachment 10.**

Notification: Within 30 days of receipt of an award, the applicant must notify the SSA and local governmental unit responsible for administering substance abuse treatment services. This notification assists state and local authorities in coordinating substance abuse treatment activities within their communities.

Collaboration: Accessing housing suitable for project activities may be facilitated by advance collaborations, MOUs/MOAs with local Public Housing Authorities (PHAs). The Housing and Urban Development (HUD) Handbook 7465.1 REV 2, dated August 1987, (CH. 6) permits a PHA to designate select units for occupancy by members of a specific population of focus, and/or contract with a social service provider to manage certain dwelling units, if it so chooses. A PHA may also submit a request for authorization from HUD to lease/modify dwelling space for non-dwelling purposes such as a substance abuse treatment center. PHAs and providers considering such approaches should discuss their proposals with the local HUD Field Office prior to the development of an application, and obtain any relevant assurances.

Continued Funding Considerations: Applicants are responsible for ensuring that all direct providers of services involved in the proposed continuum of care are in compliance with local, city, county, and state licensing, certification, and accreditation requirements, and that all MOUs/MOAs and subcontracts within the system of care remain current and active.

Health Disparities Impact Statement: If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts: (1) proposed number of individuals to be served by subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; (2) proposed quality improvement plan to decrease the differences in **access, service use,** and **outcomes** among those subpopulations; and (3) the quality improvement plan should include alignment with the National Standards for Culturally and Linguistically Appropriate

Services (CLAS) in Health and Health Care. (See Appendix J: Addressing Behavioral Health Disparities.)

Smoke Free Environment: SAMHSA strongly encourages all PPW grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products.

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

Electronic Health Record (EHR) Technology: The Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of EHR technology. Accordingly, all SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified EHR system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

In Section F: Electronic Health Record Technology (EHR), of the Project Narrative, applicants are asked either to:

- Identify the certified, EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in Attachment 12 of your application); *or*

- Describe the plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

For more information and resources on EHRs, see Appendix K.

This activity is considered infrastructure development; no more than 10 percent of the total grant award may be used for infrastructure development activities.

2.2 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices, which have a demonstrated evidence base and are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.

- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.

- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.

- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: Please see Appendix F, Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix C for additional information about using EBPs.

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 E: Data Collection and Performance Measurement" of your application. Grantees will be required to report performance on the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at http://www.samhsa-gpra.samhsa.gov (click on 'Data Collection Tools/Instructions'), along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA's Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected **at baseline (i.e., the client's entry into the project), discharge, and six months post-baseline**. Upon collection of the data, grantees will have seven business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement System (SAIS), CSAT's online data-entry and reporting repository. Applicants should be aware that the SAIS reporting system will migrate to the Common Data Platform (CDP) during the life of the grant.

The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to **substance use**. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting.

In addition to these measures, grantees will be expected to submit quarterly progress reports, which will provide standard aggregated information to assess performance. The quarterly report will allow SAMHSA to document what services and practices are provided and to whom, how the system of care is coordinated and integrated, what sources of funding are used, and what gaps remain in the delivery of services. SAMHSA will develop the format and requirements for the quarterly progress report and will provide technical assistance to grantees on the completion and submission of the report.

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

2.4 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments 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 quarterly.

At a minimum, your performance assessment should include the required performance measures identified above. The local evaluation data collection procedures, analyses, reporting strategies, and overall performance assessment should also reflect the purpose of this PPW grant program. Below are some suggested performance measures that align with purpose of this program:

- Decrease barriers to accessing treatment, resulting in early entry into treatment in the first trimester of their pregnancy and a decrease in barriers to accessing project-related services;

- Improve quality of life as measured by improvement in areas such as housing and employment;

- Increase the number of direct staff and partners rendering services through formal agreements who participate in cross-training to understand the requirements of the grant and the multi-disciplinary approaches to comprehensive service delivery;

- Increase the type of evidence-based services and practices (i.e., trauma and parenting interventions) the grantee or MOU/MOA partner provided; and the number of clients receiving such services (e.g., women, children, fathers of the children, partners of the women, and other family members of the women and children);

- Increase the number of women in treatment and the number of children with whom they were reunified in the treatment facility; and the number reunited who remained in external care;

- Increase the number of fathers reunited with their children while they resided in the residential facility with their mothers and number of children with whom the father was reunited while they remained in external care;

- Increase the number of individualized/family service plans that include child health promotion, prevention, and treatment interventions;

- Increase the number of individualized/family service plans that include engagement and active involvement of fathers of the children, partners of the women, and other family members of the women and children;

- Increase the coordination and integration of services and systems of care for members of the population of focus;

- Improve child functioning in terms of social, emotional, cognitive, and physical development measured according to developmental level;

- Improve mother-child relationship/attachment;

- Improve father-child relationship/attachment; and

- Improve family functioning and wellbeing.

You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals for the women, children, and other family members of the population of focus?

- What program/contextual factors were associated with outcomes?

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

- How durable were the effects?

- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, include the use of the National CLAS Standards?

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

Process Questions:

- What was the demographic profile of the women, infants and minor children, fathers, and other family members who were served?

- What types of services were provided and what gaps remain in the delivery of services?
- How long did women stay in residential treatment and what were the types of living arrangements to which they were discharged?
- What were the costs of providing services and what were the funding sources?
- What strategies were implemented to demonstrate that the system of care incorporates a trauma-informed approach?
- How closely did implementation match the originally proposed plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the EBP or intervention across providers over time?
- How many women, children, fathers of the children, partners of the women, and other family members of the women and children were reached through the program?

Performance assessment should be included in the quarterly reports. Ongoing administrative information about the above must be provided to the SAMHSA Government Project Officer when requested.

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.

2.5 Infrastructure Development (maximum 10 percent of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 10 percent of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or partners in the community identify, coordinate, and integrate services or provide effective services consistent with the purpose of this grant program.
- Training/workforce development to increase understanding of trauma-informed systems of care, evidence-based practices related to trauma and parenting, and other identified practices in the application.

2.6 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director) to at least two grantee meetings in each year of the grant. You must include a detailed budget and narrative for 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 three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. SAMHSA will convene a virtual meeting within the first three months after the grant award to collectively review project plans for data collection procedures, analyses, reporting strategies, and overall design of the projects' local evaluation to ensure timely implementation of the project evaluation.

II. AWARD INFORMATION

Proposed budgets cannot exceed $524,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations
- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives 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 American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Current PPW grantees that received grant awards under TI-11-009, Services Grant Program for Residential Treatment for Pregnant and Postpartum Women, in FY 2011 and FY 2012 are not eligible to apply for this funding opportunity.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Non-federal matching funds are required under the statutory authority (Section 508 of the Public Health Service Act) for the PPW program. Non-federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than $1 for each $9 of federal funds provided in years one and two, and not be less than $1 for each $3 of federal funds in year three. Matching funds must meet the same test of allowability as costs charged to federal grants. Sources of matching funds are state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Attachment 11** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from federal sources. **Applications that do not contain documentation of available non-federal matching funds in Attachment 11 will be screened out and will not be considered for an award.**

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

2. application submission requirements in Section IV-2 of this document; and

3. formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each mental health/substance abuse treatment provider organization must have at least two years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last two years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable

tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix D, Statement of Assurance.]

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which the services are to be provided;

- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist[1]; and

- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. CONTENT AND GRANT APPLICATION SUBMISSION

You must go to both Grants.gov (http://www.Grants.gov) and the SAMHSA website (http://beta.samhsa.gov/grants/applying) to download the required documents you will need to apply for a SAMHSA grant.

[1] Tribes and tribal organizations are exempt from these requirements.

Grants.gov

How to Download Forms from Grants.gov (see Appendix B for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

On the Grants.gov site (http://www.Grants.gov), select the Apply for Grants option from the Applicants Tab at top of the screen. Under STEP 1, click on the red button labeled: 'Download a Grant Application Package'. Enter either the Funding Opportunity Number (SAMHSA's Funding Announcement #) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this RFA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print or save all of these forms. You can complete the forms for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist.

Applications that do not include these required forms will be screened out and will not be reviewed.

SAMHSA's Grants Website

You will find additional materials you will need to complete your application on SAMHSA's website (http://beta.samhsa.gov/grants/applying). These include:

Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA;

- Assurances – Non-Construction Programs;
- Certifications; and
- Charitable Choice Form SMA 170.

See Section IV-1.1-Assurances of this RFA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

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

1.1 Required Application Components

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at http://www.dnb.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To create a user account, Register/Update entity and/or Search Records from CCR, go to** https://www.sam.gov.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.

- **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 H of this document**.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. Sections A-F together may not be longer than 40 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 45, it is 41 pages long, not 40 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 G through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 12**– 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 40 pages for Attachments 1, 3, 4, 6, and 8-12 combined. There are no page limitations for Attachments 2, 5 and 7. 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**: (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; and (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application that assures SAMHSA all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

  - **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 Appendix E - Intergovernmental Review (E.O. 12372) Requirements of this document).

- **Attachment 5**: A copy of the state or county strategic plan, a state or county needs assessment, or a letter from the state or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

- **Attachment 6**: A letter signed by the SSA certifying that the three requirements listed in Section I-2 of this RFA, Minimum Qualifications, have been met.

- **Attachment 7**: Memoranda of Understanding or Agreements (MOUs/MOAs) with key agencies and organizations in the network of providers.

- **Attachment 8**: Phase-in Plan. Include a detailed phase-in plan with a time line and reasonable budget for the phase-in period. The phase-in time may not exceed 3 months after the award. The phase-in plan may include alterations and renovations, hiring and training staff, purchasing equipment, cross-training the network of providers, and admission of first clients.

- **Attachment 9**: Certifications of the applicant's intent to comply with Section 508 requirements regarding Status as a Medicaid Provider and Imposition of Charges. See Section I-2.1, Program Requirements, Reimbursement for Services.

- **Attachment 10**: Facility. Provide documentation that the facility meets all state and local building, housing, health, safety and fire code regulations, as well as other applicable state and local child care and residential facility licensing. If a space/facility will be leased upon award, the space/facility must already have been inspected and meet the requirements for a residential program as certified by the appropriate state agency. If applicable, provide a letter of agreement with the owner of the facility to be leased.

- **Attachment 11**: Letter from the funding source attesting that the matching funds are available and are not derived from federal sources.

- **Attachment 12:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system.

- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA's website with the RFA.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the first page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's website with the RFA.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the first page (SF-424) of the application.

- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, "Type of Application", indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.

- **Documentation of nonprofit status** as required in the Checklist.

1.2 Application Formatting Requirements

Please refer to <u>Appendix A</u>, *Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications*, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 31, 2014.**

Your application must be submitted through http://www.Grants.gov**.** Please refer to Appendix B, "Guidance for Electronic Submission of Applications."

3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) 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 Appendix E for additional information on these requirements as well as requirements for the Public Health Impact Statement.

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at http://www.samhsa.gov/grants/management.aspx:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's PPW grant recipients must comply with the following funding restrictions:

- No more than 10 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than 10 percent of the total grant award may be used for integration of evidence-based services and practices (e.g., trauma, parenting, and smoking cessation interventions) into their treatment service system of care.
- Grant funds may not be used to purchase treatment provided in outpatient, day treatment (including outreach-based services), or intensive outpatient programs.

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 Appendix F.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 40 pages.
- You must use the six sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections G-I and Attachments 1-12 will be considered by reviewers in assessing your response, along with the material in 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: Population of Focus and Statement of Need (10 points)

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.
- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the

population(s) of focus based on data. 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 quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement. (Indicate if you are proposing a residential program.)

- Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See Appendix C: Using Evidence-Based Practices (EBPs).]

- Explain how your choice of an EBP will help you address disparities in subpopulations.

- Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP.

- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

Section C: Proposed Implementation Approach (30 points)

- Describe and provide a rationale for the anticipated impact the proposed project will have on your community.

- Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.

- Describe how the PPW program to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches delivered to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at http://www.samhsa.gov/traumaJustice.]

- Describe how the proposed service(s) or practice(s), including your strategies to preserve and reunite families, will be implemented for the women, their minor children, fathers of the children, partners of the women, and the extended family members of the women and children. For the children, demonstrate that it addresses gender, age, culture, and developmentally appropriate service(s) and practice(s) for the following age groups: 1) birth to three; 2) four to six; 3) seven to ten; and 4) eleven to seventeen.

- Describe your proposed parenting training, prevention interventions, and other family interventions and approaches.

- Provide a chart or graph depicting a realistic time line for the life of the project beginning after the phase-in period showing key activities, milestones, and responsible staff.

- Describe how you will screen and assess clients for the presence of co-occurring substance use disorders (abuse and/or dependence), depression, anxiety, and other mental disorders, as well as trauma and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such conditions

- State your agreement to comply with Section 508 of the Public Health Service Act. Demonstrate your capacity to meet the nine requirements listed in this RFA in Section I-2.1-Program Requirements, under General Agreements for Providing Services.

- Describe your plans for providing the required supplemental/recovery support services listed in Section I-2.1-Program Requirements- Required Supplemental Prevention, Treatment, and Recovery Support Services, in this RFA. Identify the services that will be provided at the residential treatment site, and those that will be provided in the community by partners in the network. In **Attachment 1**, include a list of the service provider organizations that have agreed to participate in the proposed program.

- State your agreement to coordinate and integrate services to accomplish your comprehensive service system. Describe the process used to achieve service coordination and integration among the network of providers, including how off-site providers will participate in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness. Include Memoranda of Understanding or Agreement with these providers in **Attachment 7**.

- Clearly state: 1) the unduplicated number of women; 2) the estimated number of children; and 3) the estimated number of other family members you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. You are required to include the numbers to be served by race, ethnicity, gender, and sexual orientation.

- Describe how you will identify, recruit, and retain the population(s) of focus. Include specific strategies for identifying and engaging women early in their pregnancies for maximum benefit of the mothers and infants (e.g., the first trimester). Using your knowledge of the language, beliefs, norms, values, and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how you will ensure the input of consumers in assessing, planning, and implementing your project.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

Section D: Staff and Organizational Experience (10 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

- Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (20 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. 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.

- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups.

- Describe how information related to process and outcomes will be routinely communicated to program staff.

- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

Section F: Electronic Health Record (EHR) Technology (5 points)

- If you currently have an existing EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 12** of your application.

- If you or the primary provider of clinical services do not currently have an existing EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a time line for implementation. Be sure to include these costs in your budget. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a time line.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

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

You must provide a narrative justification 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.

Be sure to show that no more than 10 percent of the total grant award will be used for infrastructure development, if necessary; no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment; and no more than 10 percent of the total grant award will be used for integration of evidence-based services and practices (e.g., trauma, parenting, and smoking cessation interventions) into the treatment service system of care.

Specifically identify the items associated with these costs in your budget. An illustration of a budget and narrative justification is included in Appendix H , Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See Appendix B, Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section G: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section H: Biographical Sketches and Job Descriptions.

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.

- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.

- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix G of this document.

Section I: 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 I of your application. See Appendix I for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;

- when the individual award is over $150,000, approval by the Center for Substance Abuse Treatment’s National Advisory Council;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at http://www.samhsa.gov/grants/management.aspx.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (http://www.samhsa.gov/grants/management.aspx).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

    - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
    - requirements relating to additional data collection and reporting;
    - requirements relating to participation in a cross-site evaluation;
    - requirements to address problems identified in review of the application; or
    - revised budget and narrative justification.

- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,* available at http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html.

- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

3. 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://beta.samhsa.gov/grants/applying/reporting-requirements.

VII. AGENCY CONTACTS

For questions about program issues contact:

Linda White-Young
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1081
Rockville, Maryland 20857
(240) 276-1581
linda.white-young@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
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412

eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.**

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.

- Applications must be received by the application due date and time, as detailed in Section IV-2 of this grant announcement.

- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.

- Information provided must be sufficient for review.

- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables**. (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- Applications should comply with the following requirements:

    - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix I of this announcement.

    - Budgetary limitations as specified in Sections I, II, and IV-4 of this announcement.

  - Documentation of nonprofit status as required in the Checklist.

- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- The page limits for Attachments stated in Section IV-1.1 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

   The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

   The **System for Award Management** (SAM) is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

   SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to** https://www.sam.gov.

   You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** *at* https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

   Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/web/grants/applicants/organization-registration.html.

You can find additional information about the Grants.gov process at http://www.grants.gov/web/grants/outreach/grantsgov-training.html.

To submit your application electronically, you may search http://www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the http://www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov

- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds four, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-12) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

Other Grants.gov Requirements

Applicants are limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis ( ), #, ©, etc.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

0Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval <u>must</u> be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. <u>The organization and DUNS number named in the waiver and any subsequent application must be identical.</u>

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**PPW and TI-14-005**" in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.

- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.

- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

- Explain why you chose this evidence-based practice over other evidence-based practices.

- If applicable, justify the use of multiple evidence-based practices. Discuss how the use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at http://www.samhsa.gov/ebpwebguide. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices on the Web* also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see Appendix F, Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] ____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.[2] (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

________________________________ ______________________

Signature of Authorized Representative Date

[2] Tribes and tribal organizations are exempt from these requirements.

Appendix E – Intergovernmental Review (E.O. 12372) Requirements

States with SPOCs

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) 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. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. TI-14-005. Change the zip code to 20850 if you are using another delivery service.

States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)[3]

[3] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the first page of the application (SF-424); and

- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at http://beta.samhsa.gov/sites/default/files/ssadirectory.pdf.

A listing of the SSAs for mental health can be found on SAMHSA's website at http://beta.samhsa.gov/sites/default/files/ssadirectory-mh.pdf.

If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. TI-14-005. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.

- The applicant must notify the SSA within 30 days of receipt of an award.

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to $30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program.

However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to $30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed $2.50 per person.

- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix G – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix H – Sample Budget and Justification (match required)

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

(3) Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

NON-FEDERAL MATCH

Position	Name	Annual Salary/Rate	Level of Effort	Cost

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	7%	$4,542
(2) Prevention Specialist	Sarah Smith	$26,000	25%	$6,500
(3) Peer Helper	Ron Jones	$23,000	40%	$9,200
(4) Clerical Support	Susan Johnson	$13.38/hr x 100 hr.		$1,338
			TOTAL	**$21,580**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of grant and will be considered key staff.

(2) The Prevention development specialist will provide staffing support to the working council.

(3) The peer helper will be responsible for peer recruitment, coordination and support.

(4) The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$52,765**

NON-FEDERAL MATCH (enter in Section B column 2 line 6a of form SF424A) **$21,580**

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

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

NON-FEDERAL MATCH

Component	Rate	Wage	Cost

Component	Rate	Wage	Cost
FICA	7.65%	$21,580	$1,651
Workers Compensation	2.5%	$21,580	$540
Insurance	10.5%	$21,580	$2,266
		TOTAL	**$4,457**

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

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$10,896**

NON-FEDERAL MATCH (enter in Section B column 2 line 6b of form SF424A) **$4,457**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

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

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

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

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

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(1) Regional Training Conference	Chicago, IL	Airfare	$150/flight x 2 persons	$300
		Hotel	$155/night x 2 persons x 2 nights	$620
		Per Diem (meals)	$46/day x 2 persons x 2 days	$184
(2) Local Travel	Outreach workshops	Mileage	350 miles x .38/mile	$133
			TOTAL	**$1,237**

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

(1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).

(2) Local travel rate is based on agency's POV reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$2,444**

NON-FEDERAL MATCH (enter in Section B column 2 line 6c of form SF424A) **$1,237**

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.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$0**

NON-FEDERAL MATCH – (enter in Section B column 2 line 6d of form SF424A) **$0**

E. Supplies: materials costing less that $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900
Printer	$300	$300

Item(s)	Rate	Cost
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

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

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

(2) The laptop computer is needed for both project work and presentations.

(3) The projector is needed for presentations and outreach workshops.

All costs were based on retail values at the time the application was written.

NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Bookcase	$75	$75
Digital camera	$300	$300
Fax machine	$150	$150
Computer	$500	$500
Postage	$37/mo. x 4 mo	$148
	TOTAL	**$1,773**

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The "applying agency" is donating the additional costs for office supplies and postage.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **$3,796**

NON-FEDERAL MATCH - (enter in Section B column 2 line 6e of form SF424A) **$1,773**

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 NARRATIVE JUSTIFICATION. 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) Jane Doe (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 Doe	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
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how they relate 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 and 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, 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 SF424A) **$86,997**

NON-FEDRAL MATCH (Consultant)

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	$43.00/hr. x 20 hrs./month x 12 months		$10,320
	Travel Expenses	148 miles/month @ .38/mile x 12 months		$675
			TOTAL	**$11,051**

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

(1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.

(2) Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

NON-FEDERAL MATCH (Contract)

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ $300 per year	$15,000
	TOTAL	**$15,000**

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

(1) West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is $300/person.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **$86,997**

NON-FEDERAL MATCH -(enter in Section B column 2 line 6f of form SF424A) **$26,051**

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

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	$15/sq. ft x 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

Item	Rate	Cost
	TOTAL	**$15,815**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). 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, it 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 arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % 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).

NON-FEDERAL MATCH

Item	Rate	Cost
(1) Space rental	$75/event x 12 events/year	$900
(2) Internet services	$26/mo. x 12 mo.	$312
(3) Student surveys	$1/survey x 1583 surveys	$1,583
(4) Brochures	.97/brochure x 1500 brochures	$1,455
	TOTAL	**$4,250**

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

(1) Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

(2) The applying agency is donating the internet services for the full-time coordinator.

(3) The ABC Company is donating the cost of 1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **$15,815**

NON-FEDERAL MATCH - (enter in Section B column 2 line 6h of form SF424A) **$4,250**

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.

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

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

NON-FEDERAL MATCH (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe**(.08 x $26,037)** **$2,083**

===

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **$172,713**

NON-FEDERAL MATCH -(enter in Section B column 2 line 6i of form SF424A) **$59,348**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **$5,093**

NON-FEDERAL MATCH –(enter in Section B column 2 line 6j* of form SF424A) **$2,083**

TOTALS:(sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **$177,806**

NON-FEDERAL MATCH-(enter in Section B column 2 line 6k of form SF424A) **$61,431**

==

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

Provide the total proposed Project Period Federal & Non-Federal funding as follows:

Proposed Project Period

a. Start Date:	**09/30/2011**	b. End Date:	**09/29/2016**

BUDGET SUMMARY (should include future years and projected total)

Category	Federal Request For Year 1	Non-Federal Match for Year 1	Year 2 Federal Request *	Year 2 Non-Federal Match *	Year 3 Federal Request *	Year 3 Non-Federal Match *	Year 4 Federal Request *	Year 4 Non-Federal Match *	Year 5 Federal Request *	Year 5 Non-Federal Match *
Personnel	**$52,765**	$21,580	$54,348	$1,338	$55,978	$40,000	$57,658	$35,000	$59,387	$43,000
Fringe	**$10,896**	$4,457	$11,223	$275	$11,558	$8,260	$11,906	$7,228	$12,263	$8,880
Travel	**$2,444**	$1,237	$2,444	$2,000	$2,444	$1,500	$2,444	$1,200	$2,444	$2,600
Equipment	**0**	0	0	0	0	0	0	0	0	0
Supplies	**$3,796**	$1,773	$3,796	$2,000	$3,796	$2,000	$3,796	$2,500	$3,796	$4,500
Contractual	**$86,997**	$26,051	$86,997	$67,000	$86,997	$15,000	$86,997	$10,000	$86,997	$14,500
Other	**$15,815**	$4,250	$13,752	$52,387	$11,629	$5,786	$9,440	$8,976	$7,187	$4,000
Total Direct Charges	**$172,713**	$59,348	$172,560	$125,000	$172,403	$72,546	$172,241	$64,904	$172,074	$77,480
Indirect Charges	**$5,093**	$2,083	$5,246	$129	$5,403	$3,861	$5,565	$3,378	$5,732	$4,150
Total Project Costs	**$177,806**	**$61,431**	**$177,806**	**$125,129**	**$177,806**	**$76,407**	**$177,806**	**$68,282**	**$177,806**	**$81,630**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$889,030**

NON-FEDERAL MATCH(enter in Section B column 2 line 6k of form SF424A) **$412,879**

*** 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 policies and procedures that state all employees within the organization will receive a COLA.

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. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. 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, 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.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

    - How you will use data collection instruments.

    - Where data will be stored.

    - Who will or will not have access to information.

    - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

    - Whether or not their participation is voluntary.

    - Their right to leave the project at any time without problems.

    - Possible risks from participation in the project.

    - Plans to protect clients from these risks.

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

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

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

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

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. <u>Risk/Benefit Discussion</u>

- 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://beta.samhsa.gov/grants/applying.

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, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: "**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities."** Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see "Sample Health Disparities Impact Statement" at the end of this appendix).

You also will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National

CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: http://www.ThinkCulturalHealth.hhs.gov.

Sample Health Disparities Impact Statement:

1. Proposed number of individuals to be served by subpopulations in the geographic area

   Access: The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the geographic area. The disparate populations are highlighted in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Direct Services: Number to be served	200	175	100	125	600
By Race/Ethnicity					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
By Gender					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
By Sexual Orientation/Identity Status					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our agency has served relatively low numbers of Salvadorans. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

2. A Quality Improvement Plan Using Our Data

Use: Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, referral to enrollment, treatment completion and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and complete the program (and possible interventions). The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all services and supports will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. Adherence to the CLAS Standards

   Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

   a. Diverse cultural health beliefs and practices

      Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

   b. Preferred languages

      Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

   c. Health literacy and other communication needs of all sub-populations identified in your proposal

      All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit: http://www.healthit.gov/providers-professionals

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: http://onc-chpl.force.com/ehrcert

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (http://www.samhsa.gov/HealthPrivacy/). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact: SAMHSA.HIT@samhsa.hhs.gov.