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

FY 2014 Program Supplement for Addiction Technology Transfer Center (ATTC): Center of Excellence (CoE) on Behavioral Health for Racial/Ethnic Minority Young Men Who Have Sex with Men (YMSM) and Lesbian, Gay, Bi-sexual, Transgender Populations (LGBT)

(Short Title: ATTC-CoE)

(Initial Announcement)

Request for Applications (RFA) No. TI-14-014

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

Key Dates:

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Applications are due by July 1, 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intergovernmental Review (E.O. 12372)</td>
<td>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.</td>
</tr>
<tr>
<td>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</td>
<td>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.</td>
</tr>
</tbody>
</table>
# Table of Contents

EXECUTIVE SUMMARY .......................................................................................................................... 4

I.  FUNDING OPPORTUNITY DESCRIPTION ....................................................................................... 5

II.  AWARD INFORMATION .................................................................................................................. 8
   1.  AWARD AMOUNT ...................................................................................................................... 8

III. ELIGIBILITY INFORMATION .......................................................................................................... 9
   1.  ELIGIBLE APPLICANTS ............................................................................................................ 9
   2.  COST SHARING and MATCH REQUIREMENTS ...................................................................... 9
   3.  OTHER ..................................................................................................................................... 9

IV. APPLICATION AND SUBMISSION INFORMATION .......................................................................... 10
   1.  CONTENT AND GRANT APPLICATION SUBMISSION .......................................................... 10
   2.  APPLICATION SUBMISSION REQUIREMENTS ...................................................................... 13
   3.  INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS .................................... 13
   4.  FUNDING LIMITATIONS/RESTRICTIONS ............................................................................. 14

V.  APPLICATION REVIEW INFORMATION ......................................................................................... 14
   1.  EVALUATION CRITERIA ........................................................................................................... 14
   2.  REVIEW AND SELECTION PROCESS ................................................................................... 16

VI. ADMINISTRATION INFORMATION ............................................................................................... 17
   1.  AWARD NOTICES ................................................................................................................. 17
   2.  ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS ......................................... 17
   3.  REPORTING REQUIREMENTS ............................................................................................. 18

VII. AGENCY CONTACTS ..................................................................................................................... 19

Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications ....................................................................................................................... 20

Appendix B – Guidance for Electronic Submission of Applications .................................................... 22

Appendix C – Intergovernmental Review (E.O. 12372) Requirements .................................................. 29

Appendix D – Funding Restrictions ..................................................................................................... 31
EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Center for Substance Abuse Treatment (CSAT) announces the availability of funds to expand/enhance grant activities funded under the Addiction Technology Transfer Centers (ATTCs) grant announcement. This program is being funded by both the Secretary’s Minority AIDS Initiative Fund (SMAIF) and CSAT’s Minority AIDS funds.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Addiction Technology Transfer Center: Center of Excellence on Behavioral Health for Racial/Ethnic Minority Young Men Who Have Sex with Men (YMSM) and Lesbian, Gay, Bi-sexual, Transgender Populations (LGBT) (Short Title: ATTC-CoE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>TI-14-014</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>July 1, 2014</td>
</tr>
<tr>
<td>Anticipated Total Available Funding:</td>
<td>Up to $676,875 in year 1 ($576,875 from SMAIF and $100,000 from CSAT’s Minority AIDS funds) Up to $576,875 in years 2 and 3 from CSAT’s Minority AIDS funds</td>
</tr>
<tr>
<td>Estimated Number of Awards:</td>
<td>One award</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $676,875 for year one ($576,875 from SMAIF and $100,000 from CSAT’s Minority AIDS funds) and up to $576,875 per year for years two and three ($576,875 from CSAT’s Minority AIDS funds) of the program.</td>
</tr>
<tr>
<td>Cost Sharing/Match Required</td>
<td>No</td>
</tr>
<tr>
<td>Length of Project Period:</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Eligible Applicants:</td>
<td>Current SAMHSA FY 2012 Addiction Technology Transfer Center grantees [See Section III-1 of this RFA for complete eligibility information.]</td>
</tr>
</tbody>
</table>
I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Center for Substance Abuse Treatment (CSAT) announces the availability of funds to expand/enhance grant activities funded under the Addiction Technology Transfer Centers (ATTCs) grant announcement. This program is being funded by both the Secretary’s Minority AIDS Initiative Fund (SMAIF) and CSAT's Minority AIDS funds.

The purpose of the ATTCs is to develop and strengthen the workforce that provides addictions treatment and recovery support services to those in need. In partnership with Single State Authorities (SSAs), treatment provider associations, addictions counselors, multidisciplinary behavioral health professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet identified needs. Particular emphasis is on increasing knowledge and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

SAMHSA currently funds 10 regional ATTCs that provide crucial support for addressing behavioral health issues at the regional and local levels. In addition, four ATTCs receive funding to address a national focus area and one ATTC serves as the national coordinating office. These 15 ATTCs provide comprehensive support with respect to developing and enhancing the workforce.

The National HIV/AIDS Strategy (NHAS) clearly articulates the need for substance use disorders and co-occurring disorders treatment resources to be strategically concentrated in areas with high rates of HIV infection and the need for targeting specific population subgroups at higher risk, such as young minority men who have sex with men (YMSM). According to recent Centers for Disease Control and Prevention (CDC) data, from 2008 to 2010, HIV infections among young black/African American MSM increased by 20 percent. In 2010, young MSM accounted for 72 percent of new HIV infections among all persons aged 13 to 24, and 30 percent of new infections among all MSM\(^1\). At the end of 2010, 56% of persons living with HIV in the United States were MSM or MSM injection drug users (IDU)\(^2\).


In order to decrease the rate of substance abuse and new HIV infections among racial/ethnic minority YMSM (ages 18-29), a current ATTC grantee will develop a Center of Excellence (CoE) to serve this population as well as expand/develop efforts focusing on the LGBT population in general. Within the first year, the primary function of the ATTC-CoE is to provide national subject matter expertise on working with the YMSM population.

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

- Serve as the national subject matter expert and key resource on culturally competent evidence-based practices in the prevention, treatment, and prevalence of substance abuse and co-occurring mental health disorders in the racial/ethnic minority YMSM community, including expertise in the potential medical consequences of substance abuse, namely HIV and viral hepatitis.
- Maintain an inventory and serve as a clearinghouse for existing evidence-based and promising practices in the provision of substance use disorders, mental health disorders, and HIV/AIDS prevention and treatment services for ethnic/racial minority YMSM. This inventory/clearinghouse should include evidence-based and promising practices from SAMHSA grantees and other providers and programs in the field who serve the ethnic/racial minority YMSM community.
- Provide training and technical assistance for behavioral health professionals to enhance the knowledge and skills concerning evidence based practices in treatment and recovery for racial/ethnic minority YMSM.
- Utilize various training/TA approaches (e.g., Train-the Trainer models) to ensure the broadest reach of the services provided.
- Conduct follow-up technical assistance, as needed, to organizations and States to ensure improved access to quality care for racial/ethnic minority YMSM.
- Disseminate information to the LGBT communities regarding provisions of the Affordable Care Act, specifically as they relate to that populations access to health care.
- Conduct critical reviews of SAMHSA products for the LGBT population, particularly those focused on HIV/AIDS related issues, and those designed as training for services providers.
- Using the National HIV/AIDS Strategy, the HIV Continuum of Care Recommendations, current epidemiologic data from CDC and other relevant inputs, develop and implement a strategic plan to ensure that the issues facing ethnic/racial minority YMSM, including the importance of HIV testing and early detection, and the broader LGBT community are seen as key to stakeholders including: SSAs, local governments, and addiction professionals.
- Identify current available products used in “training of trainers” and training curricula to enhance the behavioral health workforce ability to provide quality services to the LGBT community. Review products for research-based content and inclusion of minority YMSM issues.
- Develop new research-based products and determine the most effective instructional design and methods for dissemination of this information.
• Identify technical assistance activities and technology transfer strategies in substance abuse, mental health, and primary/specialty healthcare services that will improve the behavioral health workforce’s ability in recruiting, engaging, treating, and retaining ethnic/racial minority YMSM and LGBT.

• Ensure the national dissemination of products and identified best-practices through the use of webinars, on-line courses, and/or in-person trainings for ethnic/racial minority YMSM and LGBT.

• Promote adoption and implementation of evidence-based practices through evidence-based technology transfer strategies that focus on ethnic/racial minority YMSM and LGBT.

• Emphasize multiple levels of implementation to include the role of learning communities, coaches, and the use of technology to maintain on-going support toward change aimed at individual clinical practice and organizational transformation in the provision of services to ethnic/racial minority YMSM and the broader LGBT community.

In year one only, up to $100,000 of the supplement funds awarded must be used to conduct the following activity:

• Update the training curriculum (2007) for “A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals” (2001) and ensure a focus on the minority YMSM population. The curriculum can be accessed at: http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3.

Please note that this activity will only be conducted in year one and must be completed within the first year of the grant award. The funds for this activity must be tracked separately from the funds for the other activities within this supplement.

The grantee will be expected to conduct the GPRA activities that are required for the current ATTC grant. As such, the grantee will be expected to report on the following measures:

• number of events per year
• number of participants per year
• participants’ level of satisfaction with events
• usefulness of information presented at events
• application of information from each event

The data must be collected at the end of each event and 30 days following the event.

These activities will be collected separately from the current ATTC grant reporting activities.
ATTC-CoE grants are authorized under Section 509 (CSAT’s Minority AIDS funds) and
Section 301 (SMAIF funds) of the Public Health Service Act, as amended. Section 509
is SAMHSA’s authority for funding services to meet priority substance abuse treatment
of regional and national significance. Section 301 covers the authority for SMAIF funds.
The combination of these authorities permits SAMHSA to announce and administer this
jointly funded grant program as it is described and being announced within this
document. Although, ATTC’s relate to all of SAMHSA’s 8 Strategic Initiatives through
workforce development, this supplement strongly supports the Health Reform Strategic
Initiative. This announcement addresses Healthy People 2020 Substance Abuse Topic
Area HP 2020-SA.

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

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to $676,875 will be available to fund one award in FY 2014 and up
to $576,875 will be available in FY 2015 and FY 2016.

Proposed budgets cannot exceed $676,875 in total costs (direct and indirect) for Year 1
and cannot exceed $576,875 in total costs (direct and indirect) for Years 2 and 3.

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.

2. FUNDING MECHANISM

This award is being made as a cooperative agreement because it requires substantial
post-award federal programmatic participation in the conduct of the project. Under this
cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff
are:

**Role of Grantee (i.e., Regional ATTCs, Focus Area ATTCs, or the National
Coordinating Office)**

The grantee is expected to participate and cooperate fully with SAMHSA staff in the
implementation of this CoE. Activities must include: (1) compliance with all terms and
conditions of the cooperative agreement; (2) cooperation with SAMHSA staff in
accepting guidance and responding to requests for information and data; and (3)
authorship or co-authorship of publications to make results of the program available to
the field.
Role of Federal Staff

SAMHSA staff will work closely with the grantee to facilitate coordination of effort with other SAMHSA grantees, other federal agencies serving ethnic/racial minority YMSM and LGBT populations, the ATTC network, state and local governments as well as other service delivery systems such as criminal justice, primary health care, child welfare, and others. SAMHSA staff will serve as collaborators with the Project Manager of the CoE and the Project Director of the ATTC grantee. SAMHSA staff will also provide guidance to help ensure that the necessary specialized expertise is available to assist projects and facilitate coordination of these projects with other SAMHSA initiatives. SAMHSA staff will also direct the overall coordination of the ATTC Network to avoid duplication of effort, help ensure replication of promising approaches across Regional Centers, and provide guidance to Network-wide activities. In addition, SAMHSA staff will: provide guidance on evidence-based and promising treatment/recovery practices for ethnic/racial minority YMSM as well as LGBT populations; assist in the coordination with SAMHSA's Regional Administrators; provide technical assistance on technology transfer to enhance potential replication of activities and services across all ATTCs; conduct periodic site visits; provide guidance regarding any SAMHSA modification in program direction and priorities; and author or co-author publications to make the results of this program available to the field.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this funding opportunity is limited to SAMHSA FY 2012 ATTC grantees. SAMHSA believes that the most effective way to accomplish the goals of this three-year supplemental program is to limit eligibility to the identified existing SAMHSA ATTC grantees because they have the infrastructure, partnerships, and necessary knowledge and skills already in place to rapidly implement the Center of Excellence without a lengthy start-up period or lengthy breaks in service.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER

Additional Eligibility Requirements

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.
You must also comply with certain program requirements, such as provisions relating to participant protection and the protection of human subjects specified in Appendix G of this document.

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.

**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 the 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.

You must use all of the above documents in completing your application.

**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 face 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, reporting 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 F of this document. Please note that there must be separate columns within year one of the budget for the $576,875 in SMAIF funds and the $100,000 in CSAT’s Minority AIDS funds.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are page limits for Section E, Biographical Sketches/Job Descriptions, but there are no page limits for Section F, Confidentiality and SAMHSA Participant Protection/Human Subjects. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 3** – In your application, include the attachments below. Use only the attachments listed below. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** Data Collection Instruments/Interview Protocols – If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 1.
  - **Attachment 2:** Sample Consent Forms
  - **Attachment 3:** Letter to the SSA (if applicable; see Appendix C of this document)

- **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 face page (SF-424) of the application.

- **Certifications** – You must read the list of certifications provided on the SAMHSA website and check the box marked ‘I Agree’ before signing the face 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

Applications must comply with basic application requirements. Failure to comply with these requirements may affect the ability of your application to be funded. See Appendix A of this document for a list of the specific formatting requirements and screen-out criteria for SAMHSA grant applications.

### 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **July 1, 2014**.


### 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 C
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](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)
- Hospitals: 45 CFR Part 74, Appendix E

SAMHSA grantees also must comply with SAMHSA’s standard funding restrictions, which are included in **Appendix D**.

V. **APPLICATION REVIEW INFORMATION**

1. **EVALUATION CRITERIA**

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.

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

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

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

- Describe your plans to expand or enhance your existing program and how your planned activities will meet the expected goals and objectives of the supplemental program.
Clearly describe all activities that will be supported with the supplemental grant funds, including culturally and linguistically appropriate approaches and methods.

Discuss how the supplemental activities will be integrated into the ongoing project.

Describe roles and responsibilities of collaborating organizations, where applicable.

Provide the projected number of trainings and other technology transfer activities including number of curricula to be developed, the number of webinars, on-line courses, and/or in-person training to be held.

Provide a detailed description on how you will update the training curriculum (2007) for “A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals” (2001) and ensure a focus on the minority YMSM population. (Please note in year one $100,000 will be available from CSAT’s Minority AIDS funds for this activity.)

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

- Present your plan for implementing and managing the supplemental activities.
- Explain how the proposed approach appropriately addresses the needs of racial/ethnic minority YMSM including factors such as age, race, ethnicity, culture, language, sexual orientation, gender identity, disability, and literacy of the population.
- Include a timeline for implementation showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I.
- Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.
- Provide a detailed description of staff who will develop and implement the CoE. Include a brief statement on staff’s expertise and experience.

**Section D: Evaluation (15 points)**

- Provide an updated evaluation plan that incorporates the new activities to be funded with the supplemental funds.
- Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. The evaluation should include both process and outcome requirements.
- Include copies of the instruments and/or protocols you will use in Attachment 1 of your application and copies of consent forms in Attachment 2.
- Describe how you will incorporate the supplemental activities into your ongoing Government Performance and Results (GPRA) Modernization Act of 2010 activities. Remember to include evaluation and data collection costs in your requested budget.
**Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).**

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

An illustration of a budget and narrative justification is included in Appendix F, Sample Budget and Justification, of this document. Please note that there must be separate columns within year one of the budget for the $576,875 in SMAIF funds and the $100,000 in CSAT’s Minority AIDS funds.

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 E: 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 should be included in biographical sketches and job descriptions can be found in Appendix E of this document.

**Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects:** You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of your application may result in the need to request additional information and may delay funding. See Appendix G 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](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](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

Grantees must comply with the reporting requirements listed on the SAMHSA website at [http://beta.samhsa.gov/grants/applying/reporting-requirements](http://beta.samhsa.gov/grants/applying/reporting-requirements). Specifically, grantees must report their expenditures under this program supplement in annual and final Federal Financial Reports (FFR/SF425) separately from their original ATTC grant expenditures. Grant funds received under the supplement may be used only for the new activities identified within this announcement.

In year one only, up to $100,000 of the supplement funds awarded must be used to update the training curriculum (2007) for “A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals” (2001) and ensure a focus on the minority YMSM population. The funds for this activity must be tracked separately from the funds for the other activities within this supplement.

Expenditures for this program supplement must be separately tracked in a formal accounting system and the grantee must be able to differentiate the supplemental funding from the original grant funding.
3.1 Publications

Grantees are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Suzan Swanton, LCSW-C
Public Health Advisor
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1118
Rockville, Maryland 20857
(240) 276-1775
suzan.swanton@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. **Failure to adhere to these requirements may affect the ability of your application to be funded.**

- 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 G 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 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.


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 DUNNS 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.

To submit your application electronically, you may search [http://www.Grants.gov](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](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 helpdesk 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 4, 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-D) 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 E-F) in this order and lettered consecutively.
- **Other Attachment File 2:** The second Other Attachment file will consist of the Attachments (Attachments 1-3) 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 now 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/pxi 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:

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

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
- 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 must 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. The organization and DUNS number named in the waiver and any subsequent application must be identical.

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 ATTC-CoE: TI-14-014 in item number 12 on the face 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:

- Face Page (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.
o 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 – 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-14-014. Change the zip code to 20850 if you are using another delivery service.

States without SPOCs

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the state, you must submit a Public Health System Impact Statement (PHSIS) to the head(s) of appropriate state and local health

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 face 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).
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 face 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://www.samhsa.gov/grants/SSAdirectory.pdf. A listing of the SSAs for mental health can be found on SAMHSA’s website at http://www.samhsa.gov/grants/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 3, “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-14-014. 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 D – 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 E – 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 F – Sample Budget and Justification  
(no match required)

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

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

FEDERAL REQUEST

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Project Director</td>
<td>John Doe</td>
<td>$64,890</td>
<td>10%</td>
<td></td>
<td>$6,489</td>
<td></td>
</tr>
<tr>
<td>(2) Grant Coordinator</td>
<td>To be selected</td>
<td>$46,276</td>
<td>100%</td>
<td></td>
<td>$46,276</td>
<td></td>
</tr>
<tr>
<td>(3) Clinical Director</td>
<td>Jane Doe</td>
<td>In-kind cost</td>
<td>20%</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL $52,765 $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) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) $52,765
B. Fringe Benefits: List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Component</th>
<th>Rate</th>
<th>Wage</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>7.65%</td>
<td>$52,765</td>
<td>$4,037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>2.5%</td>
<td>$52,765</td>
<td></td>
<td>$1,319</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>10.5%</td>
<td>$52,765</td>
<td></td>
<td>$5,540</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$10,896</strong></td>
<td><strong>$10,896</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Purpose of Travel</th>
<th>Location</th>
<th>Item</th>
<th>Rate</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Grantee Conference</td>
<td>Washington, DC</td>
<td>Airfare</td>
<td>$200/flight x 2 persons</td>
<td>$400</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hotel</td>
<td>$180/night x 2 persons x 2 nights</td>
<td>$720</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Diem (meals and incidentals)</td>
<td>$46/day x 2 persons x 2 days</td>
<td>$184</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Local travel</td>
<td></td>
<td>Mileage</td>
<td>3,000 miles@.38/mile</td>
<td>$1,140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of Travel</td>
<td>Location</td>
<td>Item</td>
<td>Rate</td>
<td>SMAIF Costs</td>
<td>CSAT Minority AIDS Costs</td>
<td>Grand Total</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>--------</td>
<td>----------------------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td>$2,444</td>
<td>$2,444</td>
</tr>
</tbody>
</table>

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

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

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

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

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition).

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

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

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Rate</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General office supplies</td>
<td>$50/mo. x 12 mo.</td>
<td></td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Postage</td>
<td>$37/mo. x 8 mo.</td>
<td></td>
<td>$296</td>
<td></td>
</tr>
<tr>
<td>Laptop Computer</td>
<td>$900</td>
<td></td>
<td>$900</td>
<td></td>
</tr>
<tr>
<td>Printer</td>
<td>$300</td>
<td></td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td>Projector</td>
<td>$900</td>
<td></td>
<td>$900</td>
<td></td>
</tr>
<tr>
<td>Copies</td>
<td>8000 copies x .10/copy</td>
<td></td>
<td>$800</td>
<td></td>
</tr>
</tbody>
</table>
**JUSTIFICATION:** Describe the need and include an adequate justification of how each cost was estimated.

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

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

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

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

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

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

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Rate</th>
<th>Other</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) State Department of Human Services</td>
<td>Training</td>
<td>$250/individual x 3 staff</td>
<td>5 days</td>
<td></td>
<td>$750</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Service</td>
<td>Rate</td>
<td>Other</td>
<td>SMAIF Costs</td>
<td>CSAT Minority AIDS Costs</td>
<td>Grand Total</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>------</td>
<td>-------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>(2) Treatment Services</td>
<td>1040 Clients</td>
<td>$27/client per year</td>
<td></td>
<td></td>
<td></td>
<td>$28,080</td>
</tr>
</tbody>
</table>
| (3) John Smith (Case Manager) | Treatment Client Services | 1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750 | *Travel at 3,124 @ .50 per mile = $1,562  
*Training course $175  
*Supplies @ $47.54 x 12 months or $570  
*Telephone @ $60 x 12 months = $720  
*Indirect costs = $9,390 (negotiated with contractor) | | | $46,167 |
<p>| (4) Jane Smith | Evaluator | $40 per hour x 225 hours | 12 month period | | | $9,000 |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Rate</th>
<th>Other</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5) To Be Announced</td>
<td>Marketing Coordinator</td>
<td>Annual salary of $30,000 x 10% level of effort</td>
<td></td>
<td></td>
<td>$3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td>$86,997</td>
<td>$86,997</td>
<td></td>
</tr>
</tbody>
</table>

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

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

2. Treatment services for clients to be served based on organizational history of expenses.

3. Case manager is vital to client services related to the program and outcomes.

4. Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

5. Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

*Represents separate/distinct requested funds by cost category

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

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

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

**FEDERAL REQUEST**
### Table

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate</th>
<th>SMAIF Costs</th>
<th>CSAT Minority AIDS Costs</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Rent*</td>
<td>$15/sq.ft x 700 sq. feet</td>
<td>$10,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Telephone</td>
<td>$100/mo. x 12 mo.</td>
<td>$1,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Client Incentives</td>
<td>$10/client follow up x 278 clients</td>
<td>$2,780</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Brochures</td>
<td>.89/brochure X 1500 brochures</td>
<td>$1,335</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$15,815</strong></td>
<td><strong>$15,815</strong></td>
<td></td>
<td><strong>$15,815</strong></td>
</tr>
</tbody>
</table>

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

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

*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an 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).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF-424A) $15,815

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: [https://rates.psc.gov/fms/dca/map1.html](https://rates.psc.gov/fms/dca/map1.html).

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF-424A)
8% of personnel and fringe (.08 x $63,661)                        $5,093

==================================================================

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

==================================================================

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2*</th>
<th>Year 3*</th>
<th>Total Project Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$52,765</td>
<td>$54,348</td>
<td>$55,978</td>
<td>$163,091</td>
</tr>
<tr>
<td>Fringe</td>
<td>$10,896</td>
<td>$11,223</td>
<td>$11,559</td>
<td>$33,678</td>
</tr>
<tr>
<td>Travel</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$2,444</td>
<td>$7,332</td>
</tr>
<tr>
<td>Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supplies</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$3,796</td>
<td>$11,388</td>
</tr>
<tr>
<td>Contractual</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$86,997</td>
<td>$260,991</td>
</tr>
<tr>
<td>Other</td>
<td>$15,815</td>
<td>$13,752</td>
<td>$11,629</td>
<td>$41,196</td>
</tr>
<tr>
<td>Category</td>
<td>Year 1</td>
<td>Year 2*</td>
<td>Year 3*</td>
<td>Total Project Costs</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Total Direct Charges</td>
<td>$172,713</td>
<td>$172,560</td>
<td>$172,403</td>
<td>$517,676</td>
</tr>
<tr>
<td>Indirect Charges</td>
<td>$5,093</td>
<td>$5,246</td>
<td>$5,403</td>
<td>$15,742</td>
</tr>
<tr>
<td>Total Project Costs</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$177,806</td>
<td>$533,418</td>
</tr>
</tbody>
</table>

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A) **$533,418**

*FOR REQUESTED FUTURE YEARS:*

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization’s personnel policy and procedures that state all employees within the organization will receive a COLA.

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix D, Funding Restrictions, regarding allowable costs.]
Appendix G – 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 must address the two elements below. 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 and participant protection identified during peer review of the application must be resolved prior to funding.

1. 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.

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

• 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?