

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

**Screening, Brief Intervention and Referral to Treatment
(SBIRT) Health Professions Student Training**

(Short Title: SBIRT– Student Training)

Funding Opportunity Announcement (FOA) No. TI-16-002

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

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA’s Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOA s. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	Applications are due by January 4, 2016.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2016 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training (SBIRT- Student Training) grants. The purpose of this program is to develop and implement training programs to teach students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention and refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout the United States healthcare system with the ultimate goal of helping clients avoid substance use disorders. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. Therefore, the intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system with the ultimate goal of helping clients avoid substance use disorders. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant and an ongoing element of the academic curriculum post-grant award. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted during health care delivery.

Funding Opportunity Title:	Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training Program (Short Title: SBIRT- Student Training)
Funding Opportunity Number:	TI-16-002
Due Date for Applications:	January 4, 2016
Anticipated Total Available Funding:	\$3,480,000
Estimated Number of Awards:	Up to 12 awards
Estimated Award Amount:	Up to \$290,000 per year

Cost Sharing/Match Required:	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicants are public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students and residents, psychologists, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>

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

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2016 Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training (SBIRT- Student Training) grants. The purpose of this program is to develop and implement training programs to teach students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention and refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout the United States healthcare system with the ultimate goal of helping clients avoid substance use disorders. The specialty substance use treatment system is often not appropriate, or is unavailable, to those who are at risk for SUD. Therefore, the intended outcomes of this program are to increase the adoption and practice of SBIRT throughout the health care delivery system with the ultimate goal of helping clients avoid substance use disorders. SAMHSA expects that SBIRT will be a component of the education curriculum for the identified programs in each academic year for the duration of the grant and an ongoing element of the academic curriculum post-grant award. A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted during health care delivery.

As shown by data collected from SBIRT cross-site evaluations (SBIRT Cohort I Cross-Site Evaluation Final Report, 2010), the vast majority of SBIRT service providers are health professionals such as physician assistants, dentists, psychologists, pharmacists, nurses, social workers and counselors. While some physicians deliver SBIRT, physicians also often lead the effort through clinical work, advocacy, and supervising SBIRT service providers in medical settings. This program will address workforce development by increasing the number of health care professionals who can address the needs of persons at risk for SUD. The training also promotes the emphasis from the Affordable Care Act of a multi-disciplinary team approach to the integration of behavioral health into medical health care systems.

The SBIRT- Student Training program supports the SAMHSA Health Care and Health Systems Integration Strategic as well as Workforce Development Strategic Initiatives.

The SBIRT- Student Training program seeks to address behavioral health disparities among racial, ethnic, sexual and gender minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among

the racial, ethnic, sexual and gender minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

The SBIRT- Student Training grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA's grants for training are intended to fund practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the recipients of the grant program. SAMHSA expects that the curriculum will be adopted and sustained beyond the grant period.

SBIRT- Student Training grant funds must be used primarily to support the following types of activities:

- Use of SBIRT training curriculum that has been successfully developed through the previous cohort of SAMHSA SBIRT Medical Residency grants.
- Implementation of the SBIRT curriculum and training for the identified students in health professions (physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, and medical students and residents).

NOTE: Applications must include letters of commitment from collaborating programs for the training of students in Attachment 1 of the application or the application will be screened out and will not be considered for an award.

2.1 Required Activities

SBIRT – Student Training grant funds must be used primarily to support the following activities:

Core Components of SBIRT Training Curriculum:

The SBIRT training curriculum that the grantees will receive from SAMHSA includes the following core components:

- Screening – Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and/or self-report. The most widely used screening instruments are AUDIT, ASSIST, and DAST. These screening tools can be administered by any level of practitioner, i.e., physician assistants, dentists, psychologists, pharmacists, nurses, social workers, counselors, medical students, residents, and physicians. Included in screening is the concept of pre-screening in which a reduced set of validated questions are universally asked to eliminate those individuals who would prove negative on the full screening tools.
- Brief Intervention is a face-to-face discussion between the patient and health care provider that is focused on raising an individual's awareness of his/her substance use with the ultimate goal of motivating the individual toward behavioral change and the avoidance of substance use disorders. Brief interventions are 1 to 5 sessions in length, from a few minutes to an hour, and are an essential component of the SBIRT process. All students must receive

comprehensive training in the use of brief intervention during patient interactions. Grantees will be required to train students in Motivational Interviewing concepts and techniques, as they are foundational to the brief intervention. These techniques must be integrated within the training curricula and field training experience. Additionally, grantees must ensure that faculty and those supervising students within their field placements or residency placements are proficient in the use of Motivational Interviewing within the context of the brief intervention, and can provide consistent instruction and oversight as to the use of the brief interventions during students' patient encounters. Additionally, as part of brief intervention, clients must be screened and assessed for the presence of co-occurring substance use (abuse and dependence) and mental disorders and the information obtained from screening and assessment must be used to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to <http://store.samhsa.gov/product/Screening-Assessment-and-Treatment-Planning-for-Persons-With-Co-Occurring-Disorders/PHD1131>

- Referral is a proactive process that facilitates access to culturally-competent care for individuals who have been assessed to have a SUD requiring more specialized treatment.

Grantees must also include the following topics in their training curriculum that relate to the core components:

- 1) The interface of medical and social/behavioral conditions with substance use disorders;
- 2) Screening tools that identify the full spectrum of risky, problematic substance use, and identifies the progression of alcohol and/or drug use disorders;
- 3) Brief intervention procedures and evidence of their effectiveness (i.e., with outcomes showing clients' avoidance of dependency);
- 4) Use of interactive "hands-on" practice and training sessions and experiences for students with patients for screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse. Field supervisors of students (both campus and distance learning) must be proficient and experienced in the use of SBIRT to provide the necessary training experience and ensure students' proficiency in applying the SBIRT model in their respective clinical training settings;
- 5) Grantees training students via distance learning (i.e., online programs) must ensure that students receive interactive training and practice experience as well as comprehensive field training experience in SBIRT. Grantees must ensure that distance learning students' field placement instructors are proficient in SBIRT to

provide high quality supervision and instruction during the students' field placements;

- 6) Indications and procedures for detoxification from drugs or alcohol;
- 7) For dental students, mechanisms to identify and address oral health conditions brought on by drug and/or alcohol use utilizing SBIRT techniques and appropriate prescribing practices for opioids and pain medications;
- 8) For pharmacy students, mechanisms to educate the public and people at risk for prescription drug abuse on the effects of alcohol and illicit drugs in combination with their prescribed medications;
- 9) Ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
- 10) Fostering integration of SBIRT into the full continuum of primary care, including management of substance use disorders with Medically Assisted Treatment (MAT), encompassing selecting, initiating and monitoring pharmacotherapy;
- 11) Training on communicating and linking with specialty treatment service providers and facilities;
- 12) Behavioral health workforce development and the training of local, state, and regional medical and behavioral health, and social service care systems;
- 13) Understanding and working with Electronic Health Records (EHR)-based screening and assessment systems; and
- 14) Approaches to championing or advocating for institutional and/or administrative changes that affect the implementation of SBIRT services and sustainability of the program, including strategies for reimbursing SBIRT services as part of a sustainability plan.

Establishing a Council of Directors (COD):

The COD will act as a policy steering committee, monitoring progress, reviewing and approving semi-annual reports to SAMHSA, and developing plans to sustain the SBIRT curriculum after the end of the grant. The COD will assist the Project Director (PD) in overcoming institutional barriers to the implementation of the SBIRT curriculum. The COD should be comprised of members of the school curriculum development personnel, representatives of school administration, and clinical practice/field experience supervisors.

Partnering With Additional Institutions:

Grantees that partner with other institutions must partner only with institutions located within the state or territory of the awarded grantee. The other institutions must be public

and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.

Selecting a Project Director (PD):

The PD of the grant is the individual with primary responsibility for the overall operations of the grant and for successful completion of all requirements included in this FOA. The PD will work closely with the assigned programmatic contact at SAMHSA, the Government Project Officer (GPO). The duties of the PD include, but are not limited to the following:

- 1) Planning, execution, and quality assurance for the implementation of the SBIRT training curriculum provided by SAMHSA.
- 2) Maintaining appropriate and regular contact with the GPO on the progress, successes and barriers to implementation of grant activities, including discussion of any necessary modifications to the curriculum.
- 3) Selecting and providing oversight of the teaching faculty to train the health professions students.
- 4) Ensuring that the teaching faculty and field supervisors are trained in the SBIRT training curriculum components to allow for fidelity to the curriculum.
- 5) Selecting members of the Council of Directors (COD), serving as either the chairperson of the Council or as a member, reporting proceedings of the COD in the semi-annual and final reports to SAMHSA, and ensuring that the COD performs the following tasks:
 - a) Reviews semi-annual, final, and financial reports prior to submission to SAMHSA and approves actions to address any problems with implementation of grant activities.
 - b) Reviews successes and barriers to the implementation of project activities; provides advice and action steps to ensure successful inclusion of the SBIRT curriculum into the established school curricula.
 - c) Develops a plan to sustain inclusion of the SBIRT curriculum into the established school curricula after the lifetime of the grant.
 - d) Reviews follow-up reporting of post-graduates in their use of SBIRT in places of employment (the results of which are included in required quarterly or semi-annual reports).
- 6) Preparing for a SAMHSA technical assistance site visit in the seventh to ninth month of the grant (funding permitting).

- 7) Notifying SAMHSA of the intent to publish findings of the grant project in academic journals or other publications or media outlets, and providing SAMHSA with any written or electronic products or evaluation results developed during the lifetime of the grant prior to publication or dissemination.

Project Phases and Operations:

Applicants are required to develop their training programs based on the following timeline:

Phase I: Project Planning and Startup (startup must occur within 4 months of grant award)

- Select members for the Council of Directors (COD).
- Obtain SBIRT curriculum materials developed by previous SAMHSA SBIRT training grantees. Grantees will select from curricula available from SAMHSA's technical assistance contractor for SBIRT. Grantees will work with their GPO on any modifications that may need to be made to tailor the curriculum to the specific needs of their training program.
- Maintain regular contact with the SAMHSA GPO on grant activities and progress.
- Develop an organizational structure that elicits and ensures input from all relevant policy-making stakeholders of the health professions teaching institution.
- Develop a plan for ensuring the equivalent of live field training is available to students receiving instruction primarily on-line.
- Establish a mechanism for monitoring program performance and compliance and establish projections for the number of students to be trained in each discipline.
- Ensure that the teaching faculty and field supervisors are trained in the SBIRT training curriculum components to allow for fidelity to the curriculum.
- Recruit students for the SBIRT training project.

Phase II: Operations (approximately 29 months)

- Train health professions students in didactic and practice settings.
- Conduct regional trainings, where possible, by the SBIRT curriculum teaching faculty to disseminate SBIRT practices into local systems of care, such as hospital systems or state and county health systems.
- Develop a plan to sustain inclusion of the SBIRT curriculum into the established school curricula and training of health professions after the lifetime of the grant.
- Monitor and report on program progress as required throughout the lifetime of the grant (i.e., quarterly or semi-annual reports, financial status reports, GPRA information, etc.).

NOTE: Grantees will receive a SAMHSA technical assistance site visit in the seventh to ninth month of the grant project, dependent on available funding. At this time, grantees will be expected to review implementation progress and discuss any needed improvements.

Phase III: Phase Out (approximately 3 months)

- Implementation of sustained program operations.
- Dissemination of model programs to other residency and partnering sites.
- Completion and submission of all required final reports and evaluations.

For additional information on SBIRT, go to <http://www.samhsa.gov/sbirt>.

Other Required Activities

- Use innovative technology transfer strategies to promote the adoption of culturally and linguistically appropriate, evidence-based and promising practices, and to disseminate relevant research findings in the areas of prevention and treatment for substance use and mental disorders. Strategies must include, among other approaches, curricula and other learning events, delivered face-to-face and/or via the internet.
- Build and maintain collaborative relationships with key stakeholders in their region (including state and local governments; provider associations; academic institutions, professional, recovery community, faith-based, and racial/ethnic-specific or Lesbian, Gay, Bisexual and Transgender (LGBT) organizations; counselor credentialing bodies, Regional Indian Health Boards, and others) to advance the professional development of students and practitioners in the prevention and treatment of substance use disorders.

- Maintain an inventory of, and serve as a clearinghouse for, mental illness/substance use treatment and prevention products (curricula, trainings, distance learning programs, etc.), including resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products throughout the region and to other stakeholders in the field.
- Provide and maintain culturally and linguistically appropriate internet-based information and resources.
- Enhance the clinical and cultural competencies of substance use disorders treatment practitioners, including the capacity to deliver services in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards).
- Coordinate technical assistance efforts with local, state and/or national organizations to help build knowledge and skills in substance abuse prevention and treatment services and increase the capacity to address disparities in the access, use and outcomes of behavioral health treatment.
- Participate in cross-regional and/or Network-wide activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the mental and substance use disorders treatment/recovery field.

2.2 Allowable Activities

- Develop and provide training and other resource materials for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and state/territory agency staff, front-line counseling staff, etc.).
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of mental and substance use disorders prevention and treatment services, including working with academic institutions that train and educate students for these professions.
- Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment practitioners.

2.3 Other Expectations

Promotion of CSAT Products and Collaboration with SAMHSA

To maximize distribution of SAMHSA products, grantees will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, each grantee will be required to provide periodic updates to

SAMHSA's Office of Communications, alerting SAMHSA of products and services, including training events, that the grantee is making available.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement you must propose: (1) the number of individuals to be trained during the grant period, and the subpopulations (e.g., racial, ethnic and sexual/gender minority groups) vulnerable to behavioral health disparities and how they will be engaged in training and technical assistance activities (e.g., training, collaborations and partnerships, outreach, etc.); (2) a quality improvement plan to decrease the differences in access to, use and outcomes of the training and technical assistance activities among these subpopulations; and (3) methods for the development of policies and procedures to ensure adherence to the National CLAS Standards. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

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

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures: GPRA baseline data on all participants of the training curriculum at the end of the training event, and a follow up measurement, given 30 days after the end of the training, ensuring a participation rate of 80% of those who participated in the program. Due to the nature of the SBIRT-Student Training program, grantees have the flexibility in determining what constitutes the “end of a training event” for GPRA baseline data collection (e.g., at the end of a training module, end of an academic year, completion of a topic area, etc.).

Grantees will also be required to develop a one time, post-graduation tracking form and system to follow-up 100 percent of the graduates to determine their use of SBIRT in their post academic work. This will be reported on the semi-annual and final reports.

- Grantees must conduct a follow-up survey on 100 percent of the graduates. To accomplish this goal grantees must provide, prior to graduation, a postage paid postcard (or equivalent) to every student completing training. These postcards or correspondence will be addressed to the grant project director and will only ask if the graduate is using SBIRT and to comment about its perceived efficacy. This information must be reported in the semi-annual reports.

This information will be gathered using a uniform data collection tool provided by SAMHSA. This tool is available at <http://www.samhsa.gov/grants/gpra-measurement->

[tools/csat-gpra/csat-gpra-best-practices](#). GPRA data are to be collected and then entered into SAMHSA's data entry and reporting system within 7 days of data collection; access will be provided upon award. Training and technical assistance on data collecting, tracking and follow-up, as well as data entry, will be provided by SAMHSA.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request. Data collected by grantees also will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

2.5 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 at least semi-annually. As a part of the assessment, you must solicit opinions and information from the students who have been trained as to how well the curriculum prepared them for the practice of screening and brief intervention and referral to treatment.

Suggested areas for assessment include the following:

- Number of students trained;
- Types and number of differing specialties of students trained during the project period;
- Number and length of training lectures;
- Clinical experiences (number of live practicum experiences and number of patients seen);
- Number of training events held for local and state-wide medical communities;
- Number of technical assistance events held and number of people trained at these sessions;
- Student ratings of the program and knowledge, attitudes and skills changes towards using the SBIRT model prior to exposure to the curriculum and at the completion of the program; and
- Barriers/solutions to the implementation of SBIRT in teaching institutions.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect (e.g., change in knowledge, attitude, behavior) of the curriculum on participants' competencies in the following areas?
 - 1) understanding of the association of medical conditions with substance use;
 - 2) screening tools that identify the full spectrum of risky, problematic substance use, abuse and addiction;
 - 3) brief intervention procedures and evidence of their effectiveness;
 - 4) "hands-on" screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse;
 - 5) detoxification procedures for alcohol and other drugs;
 - 6) management of substance use disorder with MAT, including selecting, initiating and monitoring pharmacotherapy;
 - 7) considerations for appropriate prescribing practices for opioids and medically assisted treatment options;
 - 8) ongoing medical management and care coordination of outpatients and other recipients of SBIRT services;
 - 9) linking and communicating with the specialty treatment service system, providers and facilities;
 - 10) professional behavioral health workforce development;
 - 11) understanding and working with electronic health record (EHR)-based screening and assessment systems; and
 - 12) did post graduate students continue the practice of SBIRT in their successive places of employment.
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with the outcomes?
- How durable were the effects?

The assessment should include subjective input from the participating students, the teaching faculty, and members of the Council of Directors on the barriers/solutions to the implementation of SBIRT in health professions teaching and/or medical programs.

Grantees are expected to conduct a timely follow-up with the graduates of the curriculum to determine post -graduate use of SBIRT skills.

Process Questions:

- How closely did implementation/dissemination of the curriculum match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What effect did the changes have on the planned curriculum and performance assessment?

Performance assessments are due on a semi-annual basis. The GPO will review the reports and help the grantee identify best practices for dissemination to other grantees and identify, if needed, technical assistance needs of challenges/barriers that may affect the grantee.

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. and 2.5 above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting per year. Every other year may be a virtual meeting. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: \$3,480,000

Estimated Number of Awards: Up to 12 awards

Estimated Award Amount: Up to \$290,000

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed \$290,000 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

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2016 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, psychologists, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.

Current grants awarded under the SBIRT Health Professionals Student Training grants (TI-15-001) are not eligible to apply because they are currently receiving funding for this program. In addition, eligibility is being restricted because SAMHSA seeks to further expand the impact of the SBIRT- Student Training program across the nation and to a variety of academic institutions.

Eligibility is restricted to these entities because they train health professions students who are most likely to implement SBIRT services to persons at risk of substance use disorders. These programs have the capacity and structure to train health care personnel in delivering SBIRT services to clients across the range of medical services provision. SAMHSA believes that these entities have the necessary expertise and teaching structure to best provide training of these health care professions students in delivering SBIRT clinical services.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix II](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix II](#). This will expedite review of your application.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 3** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1 and 3 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** Applications must include letters of commitment from collaborating programs for the training of students in **Attachment 1** of the application **or the application will be screened out and will not be considered for an award. (Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in **Attachment 2**.
 - **Attachment 3:** Sample Consent Forms

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **January 4, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses. Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of 8 percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.

Be sure to identify these expenses in your proposed budget.

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

1. Describe the proposed training recipients and the methods you will use to engage them. Provide demographic information on the students in the health professions you expect to receive training through this grant program, e.g., race, ethnicity, federally recognized tribe, language, age, socioeconomic status and sexual identity (sexual orientation, gender identity). Also include the students' area of specialty and the academic years to be included in the training plan. Include a description of the types of medical systems and work settings that typically employ students after graduation and the patient population served.
2. Discuss any existing substance use disorder and/or screening and brief intervention curriculum currently used at your institution and the benefits expected from expanding this curriculum with the SBIRT- Student Training program. If there is not currently an existing substance use disorder and/or screening and brief intervention curriculum, include a statement to that effect and discuss the expected benefits that will be achieved from establishing the SBIRT- Student Training curriculum in your institution.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Provide a detailed time line, chart or graph for Year 1 of the project showing key activities and responsible staff. Provide an outline of key milestones for Years 2-3. (Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.)
3. Describe how the key activities in your timeline will be implemented.
4. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
5. The required SBIRT training curriculum for this program was developed for medical residency programs and will be provided by SAMHSA. Review the core components of this curriculum listed in Section I-2: Expectations. Describe and justify any anticipated modifications to the curriculum that may be needed for the specific student disciplines you will be training and to meet the goals of the proposed project.

6. Describe the plan for creating a Council of Directors and maintaining it for the duration of the program.
7. Describe how the program will increase future medical system capacity to serve substance use disorder treatment needs. State the total number of officially enrolled students that will be trained each year of the grant and describe how the students will be selected.
8. Discuss how you will disseminate SBIRT training to other local and state-wide medical communities.
9. If you intend to provide on-line training, describe how your program will ensure the required live field training experience for those students. If you do not plan to offer on-line training, indicate so in your response.
10. Describe how student practice sites will establish procedures for the integration and provision of SBIRT services to allow students to have sufficient clinical experience.
11. Describe any other organization(s) that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment from these organization(s) in **Attachment 1** of your application. **Applications that do not include these letters of commitment will be screened out and will not be considered for an award.**

Section C: Staff, Management, and Relevant Experience (25 points)

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.
2. 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.
3. Discuss how key staff have demonstrated experience in serving the population to receive training/technical assistance and are familiar with their culture(s) and language(s), as well as with their workforce development needs.
4. Discuss the capability and experience of the applicant organization and other participating organizations in developing and presenting training for students. Include a discussion of using culturally-appropriate/competent curricula.

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

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.4](#) of this document

2. Describe your specific plan for:

- data collection,
- management,
- analysis, and
- reporting.

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

3. Describe your plan for conducting the local performance assessment as specified in [Section I-2.5](#) of this FOA and document your ability to conduct the assessment.
4. Describe your plan to follow up with 100 percent of graduates to determine the usage of SBIRT post-graduation.
5. Describe the process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

You must provide a narrative justification 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 III - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix IV](#). This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: [Appendix B](#) – Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions.

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See [Appendix I](#) of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application 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. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2., grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Reports will be submitted on a semi-annually basis.

VII. AGENCY CONTACTS

For questions about program issues contact:

Reed Forman
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Room 5-1095
Rockville, MD 20857
(240) 276-2416
Reed.Forman@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
FOACMHS@samhsa.hhs.gov

Appendix I – Confidentiality and SAMHSA Participant Protection 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 3, “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?

Appendix II – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	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) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			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 reimbursement rate. If policy does not have a rate use GSA.

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

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

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

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	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 and printer are needed for both project work and presentations for Project Director.

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

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

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

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

FEDERAL REQUEST

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

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(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 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

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
	TOTAL	\$15,815

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) are required for all projects allocating rent costs.

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

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>. **For these training grants, indirect cost rates are limited to 8%.**

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: 09/30/2016 b. End Date: 09/29/2018

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	\$53,072
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Total Infrastructure Costs	\$6750	\$12,508	\$12,508	\$12,508	\$12,508	\$56,782

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