

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

**FY 2016 Cooperative Agreement for the Provider’s Clinical
Support System – Medication Assisted Treatment**

(Short Title: PCSS-MAT)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-003

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

PART 1: Programmatic Guidance

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

Key Dates:

Application Deadline	Applications are due by January 11, 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.

Table of Contents

EXECUTIVE SUMMARY	3
I. FUNDING OPPORTUNITY DESCRIPTION.....	5
1. PURPOSE	5
2. EXPECTATIONS	6
II. AWARD INFORMATION.....	11
III. ELIGIBILITY INFORMATION	12
1. ELIGIBLE APPLICANTS.....	12
2. COST SHARING and MATCH REQUIREMENTS	13
IV. APPLICATION AND SUBMISSION INFORMATION	13
1. ADDITIONAL REQUIRED APPLICATION COMPONENTS	13
2. APPLICATION SUBMISSION REQUIREMENTS	14
3. FUNDING LIMITATIONS/RESTRICTIONS.....	14
V. APPLICATION REVIEW INFORMATION	15
1. EVALUATION CRITERIA.....	15
2. REVIEW AND SELECTION PROCESS.....	19
VI. ADMINISTRATION INFORMATION	19
1. REPORTING REQUIREMENTS.....	19
VII. AGENCY CONTACTS	19
Appendix I – Sample Budget and Justification (no match required).....	21

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 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (Short Title: PCSS-MAT) grant. The purpose of this program is to expand on the Drug Addiction Treatment Act (DATA) of 2000 and continue SAMHSA's currently funded PCSS-MAT initiative. Although the current initiative has provided multiple trainings and mentoring support, there still remains a significant need to increase the number of healthcare providers to address the nation's lack of adequate care. The PCSS-MAT program will continue to provide up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of addiction.

Funding Opportunity Title:	Cooperative Agreement for the Provider's Clinical Support System – Medication Assisted Treatment (Short Title: PCSS-MAT)
Funding Opportunity Number:	TI-16-003
Due Date for Applications:	January 11, 2016
Anticipated Total Available Funding:	\$1,000,000
Estimated Number of Awards:	One grant
Estimated Award Amount:	Up to \$1,000,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years

Eligible Applicants:	<p>Eligibility is limited to the national professional medical organizations authorized by the Drug Addiction Treatment Act of 2000 (DATA) to carry out the training of providers desiring to prescribe and/or dispense FDA-approved schedule III medications for the addictive disorders. These are the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAP), the American Medical Association (AMA), the American Osteopathic Academy of Addiction Medicine (AOAAM), and the American Psychiatric Association (APA).</p> <p>[See <u>Section III-1</u> 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 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (Short Title: PCSS-MAT) grant. The purpose of this program is to expand on the Drug Addiction Treatment Act (DATA) of 2000 and continue SAMHSA's currently funded PCSS-MAT initiative. Although the current initiative has provided multiple trainings and mentoring support, there still remains a significant need to increase the number of healthcare providers to address the nation's lack of adequate care. The PCSS-MAT program will continue to provide up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of addiction.

The intended outcomes of the program include: 1) increased training to qualify physicians and other appropriate healthcare providers for the DATA waiver; 2) increased training and support for providers, including primary care physicians, who are trying to integrate opioid addiction treatment into their practice; and 3) provision of evidence-based trainings regarding the appropriate indications and usage of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations) for the maintenance treatment of opioid use disorder and opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations) to prevent relapse to opioid use.

By enlisting the assistance of addiction medicine and psychiatry medical specialty organizations and other organizations that focus on opioid addiction, medication assisted treatment, and recovery from opioid addiction, the grantee will offer physicians, substance abuse specialists, and other health professionals the information and consultation they need to provide safe, appropriate, and effective pharmacologic treatment for opioid dependence, thereby reducing resistance and barriers to the availability of treatment. The grantee will address medical and psychiatric comorbidities that are highly prevalent in those with addictive disorders and which contribute to the complex nature of opioid addiction.

The PCSS-MAT program supports the SAMHSA Health Care and Health Systems Integration Strategic Initiative.

The PCSS-MAT 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 PCSS-MAT grant is 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 services or practices that have a demonstrated effectiveness in transferring knowledge.

This program is designed to train physicians and other healthcare providers who desire to prescribe and/or dispense FDA-approved products approved for MAT. This may include training physicians and health care providers in SAMHSA-funded programs, including, but not limited to, SAMHSA Treatment Drug Courts and MAT-Prescription Drug and Opioid Addiction. MAT is defined as the use of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations) for the maintenance treatment of opioid use disorder and opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations) to prevent relapse to opioid use. MAT requires the provision of behavioral, social and recovery support interventions and cannot be considered comprehensive without these services.

It is expected that the Project Director (PD) will, at a minimum, provide 25 percent level of effort in overseeing the day-to-day activities of the project. The PD is responsible for ensuring that all CSAT requirements are met and that all reports are submitted timely and accurately.

2.1 Required Activities

PCSS-MAT grant funds must be used to support the following infrastructure development and healthcare provider support activities:

Infrastructure Development Activities

- Organizational/structural change (e.g., to increase access to, or efficiency of, services);
- Development of interagency coordination mechanisms (between national professional medical organizations and/or related organizations);
- Provider/network development (e.g., provider clinical support network/system development and enhancement to inform providers of established standards of care);

- Establishing a steering committee to oversee the enhancement and further development and direction of the project. The steering committee must be comprised of representatives from participating national professional medical organizations authorized by law to conduct DATA trainings, other stakeholders, and the assigned SAMHSA Government Project Officer (GPO);
- Quality improvement efforts; and
- Health professional workforce development.

Provider Support Activities

Applicants must demonstrate the ability to provide the following:

- Consultative services, telephone consultation, on-site training, observation of practice, and peer mentoring to providers on the indications and usage of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations) for the maintenance treatment of opioid use disorder and opioid antagonist medication (e.g., naltrexone products including extended-release and oral formulations), and naloxone;
- Evidence-based trainings, training to qualify physicians and other healthcare providers for the DATA waiver, and training on the most recent treatment modalities surrounding complex issues of addiction including, but not limited to, SAMHSA and other HHS educational materials and activities;
- Collaboration by enlisting the assistance of addiction medicine and psychiatry medical specialty organizations and other organizations that focus on opioid addiction, medication assisted treatment, and recovery from opioid addiction; and
- Training on medical and psychiatric co-morbidities that are highly prevalent in those with addictive disorders and which contribute to the complex nature of opioid addiction.

Provider support activities must focus on the following content areas:

- Assessment and diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5;
- Induction, maintenance, and detoxification protocols;
- Strategies to avoid and treat complications;
- Ancillary medications;
- Recommended visit and monitoring schedules;

- Special psychosocial strategies on motivating patients, setting limits, or implementing contingency plans;
- Medically-supervised withdrawal and opioid withdrawal scales;
- Referrals to counseling, other ancillary services, or self-help groups;
- Diagnosis and treatment of psychiatric co-morbidities or co-occurring disorders, including, but not limited to, chronic pain, poly-substance abuse, hepatitis, and HIV disease;
- HIV and hepatitis screening, counseling, testing, and referrals;
- Referrals to higher levels of care;
- Special populations (e.g., pregnant, adolescent, elderly, pain patients, and veterans); and
- Important patient recovery indicators.

2.2 Allowable Activities

- Conduct a limited number of regional meetings, develop clinical guidelines, on-line web conferences, mobile applications, or other educational activities to improve physician workforce performance.

2.3 Other Expectations

Promotion of CSAT Products and Collaboration with SAMHSA

To maximize distribution of CSAT products, the grantee will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered under this grant. In addition, the 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).

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

2.4 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. The grantee will be required to report performance on the following performance measures:

- Number of consultation events, training events, technical assistance events or contacts;
- Number of physicians/healthcare providers participating in each event;
- Percentage of physicians/healthcare providers satisfied with educational and support services offered; and
- Percentage of physicians/healthcare providers who report that consultation or training events resulted in appropriate practice change(s).

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 bi-annually.

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

Outcome Questions:

- What was the effect of training and technical assistance on participants?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

Process Questions:

- How closely did implementation 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 training and technical assistance and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

The grantee will be expected to report bi-annually on their progress and performance on achieving the goals and objectives of the grant project.

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-2.4 and 2.5 above.

2.6 Grantee Meetings

The grantee must plan to send a minimum of two people (including the Project Director) to at least one grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, the grantee will present the results of the project 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:	Cooperative Agreement
Anticipated Total Available Funding:	\$1,000,000
Estimated Number of Awards:	One award
Estimated Award Amount:	Up to \$1,000,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$1 million 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.

Cooperative Agreement

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 the grantee and SAMHSA staff are:

Role of Grantee:

- Implement and assess the program in full cooperation with SAMHSA staff members and contractors;
- Establish a steering committee to oversee the enhancement and further development of the PCSS-MAT and to determine the direction of the project. The steering committee must be comprised of representatives from participating national professional medical organizations authorized by law to conduct DATA trainings, other stakeholders, and the assigned GPO;
- Convene the steering committee, at a minimum, yearly and confer by conference call bi-annually to develop strategies to further enhance the project;
- Comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award);

- Participate in selecting a chairperson for the steering committee; and
- Respond to requests by the GPO for information or data related to the program.

Role of SAMHSA Staff:

- Participate in the selection of physician and non-physician members of a steering committee that will further enhance and develop the clinical support system. The assigned GPO will serve as a voting member of the steering committee, but will not chair the committee;
- Ensure that consultation services are provided to the states and regions of the country with the greatest need;
- Assist the grantee to plan for health care infrastructure development;
- Help to establish measures of cost effectiveness;
- Assist the grantee to meet quality improvement goals;
- Provide advice and assistance in developing the performance assessment;
- Foster learning, collaboration, and coordination with other SAMHSA-funded activities such as the DATA waiver program and Addiction Technology Transfer Centers (ATTCs); and
- Provide some of the on-site training, observation of practice, consultative services, peer monitoring, and other services developed under this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to the national professional medical organizations authorized by the Drug Addiction Treatment Act of 2000 (DATA) to carry out the training of providers desiring to prescribe and/or dispense FDA-approved schedule III medications for addictive disorders. These organizations are the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAAP), the American Medical Association (AMA), the American Osteopathic Academy of Addiction Medicine (AOAAM), and the American Psychiatric Association (APA). Any of these entities may apply individually; they may also apply as a consortium comprised of all or several of the eligible organizations. If a consortium is formed for this purpose, a single organization in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

If a consortium submits an application, a written agreement must be included outlining the roles and responsibilities of each participating national professional medical organization. This agreement must be signed by an authorized official of each member of the consortium and included in **Attachment 3** of the application, “Roles and Responsibilities of Participating National Professional Medical Organizations.”

There is a serious public health issue involving the abuse, misuse, non-medical use and concomitant morbidity and mortality associated with the increased availability of opioids

for the treatment of acute pain, chronic pain, and opioid-related addiction. While these medications are mainly obtained legally through prescriptions, SAMHSA surveys indicate significant amounts are obtained through theft and other forms of diversion.

In addition, SAMHSA recognizes the difficulty in assessing patients for appropriate opioid prescribing and the limited training that physicians, psychiatrists, and dentists may receive during their formal, specialized training. Moreover, licensed physicians, who have completed their formal training, may lack adequate mentoring, continuing medical education, and other resources to evaluate patients and prescribe opioid analgesics appropriately.

To address this public health problem in a timely manner, SAMHSA is limiting eligibility to these five organizations because they have extensive experience in providing educational and other support services to physicians and other substance abuse and healthcare professionals on addictive disorders. As such, SAMHSA believes they are uniquely qualified to meet the requirements outlined in this announcement because they have the experience, infrastructure and capacity in place to expeditiously begin program activities.

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-IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **Attachments 1 through 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:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** If you are applying as a consortium, you must include “Roles and Responsibilities of Participating National Professional Medical Organizations” in Attachment 3. These applicants must include a written agreement outlining the roles and responsibilities of each participating national professional medical organization. This agreement must be signed by an authorized official of each member of the consortium.

2. APPLICATION SUBMISSION REQUIREMENTS

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

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 your application will be screened out, 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.
- The Budget Justification and Supporting Documentation you provide in Sections E and F and Attachments 1-3 will be considered by reviewers in assessing your response, along with the material in 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 (15 points)

1. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective medication-assisted treatment services that is consistent with the purpose of the program and intent of the FOA.
2. Describe the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local

epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Data Collection and Performance Measurement. Describe how achievement of goals will increase system capacity to support effective substance abuse and/or mental health services.
2. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives. These should align with Section I-2, Expectations, of this FOA.
3. Provide a chart or graph depicting a realistic timeline for the entire three years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section 1-2: Expectations. [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
4. Describe how key activities in your timeline will be implemented.
5. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership, and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
6. Describe the Project Steering Committee including its membership, roles and functions, and frequency of meetings.
7. If you are submitting the application as a consortium, describe how members of the consortium will work together. If your application is not submitted as a consortium, indicate so in your response.
8. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.

9. Describe how you will actively promote and market your services to other national stakeholders providing MAT.
10. Discuss how the project plan will use culturally and linguistically appropriate approaches and methods, and address the following issues in technology transfer needs and opportunities:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.

Section C: Staff, Management, and Relevant Experience (20 points)

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services and trainings.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. If you are not partnering with any other organizations, indicate so in your response.
3. 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.
4. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to receive services and are familiar with their culture(s) and language(s).

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 FOA.
2. Describe your specific plan for:
 - data collection,
 - management,
 - analysis, and
 - reporting of data for the population served by your program.

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

3. Describe 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 the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

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

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

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

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

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

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions.

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

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

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

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application 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-2.4, you must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. You also will be expected to submit two electronic reports and two written (hardcopy) biannual reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

Anthony Campbell RPH, D.O.
Medical Officer
Division of Pharmacologic Therapy, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1019
Rockville, Maryland 20857
(240) 276-2702
Tony.campbell@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 – 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 arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.

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

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

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

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

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. For 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: 09/30/2012 b. End Date: 09/29/2017

BUDGET SUMMARY (should include future years and projected total)

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