

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

**Cooperative Agreement to Support the Establishment of a
Southeast Asia Regional HIV Addiction Technology Transfer
Center (ATTC)**

(Short Title: SE Asia Regional HIV ATTC)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-004

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 February 19, 2016
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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 a fiscal year (FY) 2016 Cooperative Agreement to Support the Establishment of a Southeast (SE) Asia Regional HIV Addiction Technology Transfer Center (ATTC) (Short Title: SE Asia Regional HIV ATTC). The purpose of this program is to establish an ATTC in SE Asia that builds the regional capacity and increases the skills and abilities of the President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners in the national HIV/AIDS programs of countries in SE Asia through training, technical assistance, technology transfer, and workforce development. Training and technical assistance by an internationally-based ATTC in behavioral health service provision includes HIV/AIDS prevention, care, and treatment, treatment of substance use disorders (SUDs), co-occurring substance use and mental disorders, and recovery support service programs. The SE Asia Regional ATTC will work collaboratively with other SAMHSA-funded internationally-based ATTCs and the national ATTC (<http://www.nattc.org/home/>) in developing evidence-based technical assistance for information exchange and technology transfer.

Funding Opportunity Title:	Cooperative Agreement to Support the Establishment of a Southeast Asia Regional HIV Addiction Technology Transfer Center (ATTC) (Short Title: SE Asia Regional HIV ATTC)
Funding Opportunity Number:	TI-16-004
Due Date for Applications:	February 19, 2016
Anticipated Total Available Funding:	\$250,000
Estimated Number of Awards:	One Award
Estimated Award Amount:	Up to \$250,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 3 years

Eligible Applicants:	International Non-Governmental Organizations (NGOs), currently funded SAMHSA Addiction Technology Transfer Centers (ATTCs), and universities that have a demonstrated history of success working with PEPFAR partners and PEPFAR programs in SE Asia (specifically in the area of public health and working with local indigenous populations at high-risk for HIV/AIDS). In addition, these entities must have an established presence or representation in the region.
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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 a fiscal year (FY) 2016 Cooperative Agreement to Support the Establishment of a Southeast (SE) Asia Regional HIV Addiction Technology Transfer Center (ATTC) (Short Title: SE Asia Regional HIV ATTC). The purpose of this program is to establish an ATTC in SE Asia that builds the regional capacity and increases the skills and abilities of the President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners in the national HIV/AIDS programs of countries in SE Asia through training, technical assistance, technology transfer, and workforce development. Training and technical assistance by an internationally-based ATTC in behavioral health service provision includes HIV/AIDS prevention, care, and treatment, treatment of substance use disorders (SUDs), co-occurring substance use and mental disorders, and recovery support service programs. The SE Asia Regional ATTC will work collaboratively with other SAMHSA-funded internationally-based ATTCs and the national ATTC (<http://www.nattc.org/home/>) in developing evidence-based technical assistance for information exchange and technology transfer.

PEPFAR delegates its authority and transfers funds to SAMHSA for this program. Therefore, SAMHSA operates under PEPFAR authority when carrying out PEPFAR-related activities. As an implementing partner in PEPFAR, SAMHSA supports activities in countries where the HIV epidemic is driven, at least in part, by substance use disorders, as it is in SE Asia. Given the HIV epidemic in this region, there is a strong need to develop the skills and abilities of in-country health care staff in the nexus of HIV/AIDS care and treatment, treatment of substance use disorders and mental health disorders, and recovery support services to reduce the impact of HIV/AIDS.

Asia is home to the largest number of people living with HIV (PLHIV) outside of Sub-Saharan Africa. The HIV epidemic is concentrated among key populations (injecting drug users (IDU), commercial sex workers (CSW), men who have sex with men (MSM), and transgender individuals). Studies show that these key populations consume alcohol and drugs, such as methamphetamine and opioids, which can result in risk behaviors that are drivers of the HIV epidemic. Through the development and implementation of regional and local activities, the SE Asia Regional HIV ATTC will work collaboratively to strengthen the capacity and increase the skills and abilities of PEPFAR implementing partners in the area of SUD treatment, including co-occurring disorders, and recovery support services as part of the national HIV/AIDS programs in SE Asia supported by PEPFAR (<http://www.pepfar.gov/countries/index.htm>). Workforce development, training, and technical assistance activities must be conducted in a culturally competent and linguistically appropriate manner.

Since 2005, SAMHSA, as an implementing partner in PEPFAR, has supported and provided technical assistance to countries where the HIV epidemic is driven by illicit drug and harmful alcohol use. Technical assistance and trainings have been provided to Ministries of Health, country PEPFAR teams, and PEPFAR implementing partners as part of country and regional PEPFAR programs to augment HIV prevention, care, and treatment programs that address illicit drug use and harmful alcohol use.

The grantee, in collaboration with, and as part of, the Asia Regional PEPFAR Program, will provide training and technical assistance to PEPFAR implementing partners to enhance their capacity, knowledge, and expertise in: (1) national and regional drug and alcohol policy; (2) evidence-based best practices and quality services as part of the treatment for substance use disorders in key populations; (3) assessing and removing barriers to HIV care and treatment for key populations with substance use and co-occurring disorders; and (4) initiation and implementation of recovery support service programs for key populations.

The legislative authority for the SE Asia Regional HIV ATTC program is the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 and the PEPFAR Stewardship and Oversight Act of 2013. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund services or practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance recipients of the grant program. The grantee will work directly under the supervision of the SE Asia Regional HIV/AIDS Substance Abuse Treatment Expert and provide technical assistance and trainings as part of the PEPFAR SE Asia Regional Program (<http://www.pepfar.gov/countries/index.htm>).

This program serves as a platform for targeted technical assistance and collaboration with national HIV programs in countries in the region, including Laos, Cambodia, Thailand, Burma, Papua New Guinea, Indonesia, and China, as defined by the SAMHSA SE Asia Regional Program. Under the direction of the Regional HIV/AIDS Substance Abuse Treatment Expert and in collaboration with SE Asia PEPFAR Country Operational Plans (<http://www.pepfar.gov/countries/cop/index.htm>) and PEPFAR Country Teams, the SE Asia international ATTC may provide regional technical assistance and training to countries beyond the SE Asia Regional Program, based on the grantee's technology transfer capacity.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be reached/trained during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; and (2) a quality

improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use and outcomes of grant activities. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

2.1 Required Activities

The Cooperative Agreement to Support the Establishment of a SE Asia Regional HIV Addiction Technology Transfer Center (ATTC) funds must be used primarily to support the following activities:

- Provide technical assistance for the integration of substance use disorders treatment into ongoing HIV/AIDS prevention, care, and treatment programs supported by PEPFAR in the region (<http://www.pepfar.gov/countries/cop/index.htm>).
- Provide training of HIV/AIDS service providers on care and treatment of individuals with substance use disorders and HIV/AIDS high-risk behaviors, including recovery support services.
- Enhance workforce development to increase the regional and national capacity to address substance use disorders treatment in the key populations.
- Promote partnerships with key stakeholders and local ownership of the HIV/AIDS response in key populations with specific strategies to address harmful alcohol use, and stimulant and opioid dependence in HIV care and treatment.
- Identify barriers to care and treatment and provide technical assistance on evidence-based interventions to enhance access to care and treatment for substance use disorders and HIV/AIDS in key populations.
- Use innovative technology transfer strategies to promote the adoption of culturally and linguistically appropriate, evidence-based, and promising practices, and training curricula in the treatment of substance use and mental disorders as part of HIV care and treatment; and identify and implement innovative approaches and practices in the development of peer recovery community programs for key populations living with HIV.
- Maintain an inventory of, and serve as a clearinghouse for, substance use and mental health disorders treatment and prevention products (e.g., curricula, trainings, distance learning programs), including resources and products to address behavioral health in key populations and/or increase access to, or appropriateness of, training activities, and disseminate these products throughout the region and to other stakeholders in the field.
- Promote partnerships with key stakeholders to create and enhance an enabling policy environment for key populations in the provision of health care services.

- Serve as a resource on prevention and treatment of, and recovery from, substance use and co-occurring disorders, including medication-assisted treatment and recovery-oriented systems of care to specific organizations serving the key populations.
- Provide and maintain culturally and linguistically appropriate internet-based information and resources.
- Participate in regional 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 substance use and mental health disorders treatment/recovery field.
- Develop local, national, and regional needs assessments, at least annually.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be reached/trained during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of grant activities; and (3) methods for the development of policies and procedures to advance and sustain culturally and linguistically appropriate services. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

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, Ministry of Health staff, front-line counseling staff, recovery community leaders).
- Develop, implement, and/or participate in activities aimed at developing standards of professional practice for providers of mental and substance use disorders prevention and treatment services, including working with academic institutions to train and educate students and health care providers for these professions.
- Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment and recovery support service practitioners.

2.3 Other Expectations

Promotion of CSAT Products and Collaboration with SAMHSA

To maximize the distribution of CSAT products, the grantee will be expected to promote and distribute SAMHSA publications related to the proposed topics of trainings and courses offered using the material translated in common local language. 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.

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).

Recovery from substance use disorders and/or mental disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from substance use and/or mental disorders, SAMHSA has developed the following working definition of recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

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: client satisfaction with trainings and technical assistance, sharing of information from trainings and technical assistance, and application of knowledge from trainings and technical assistance, as well as other PEPFAR specific indicators as indicated and requested by SAMHSA PEPFAR staff. This information will be gathered

using uniform data collection tools provided by SAMHSA. The current tools are being updated and will be provided upon award. An example of the type of data collection required can be found on the PEPFAR Dashboards at <http://www.pepfar.gov/funding/c63793.htm>. Data are to be reported as requested and directed by SAMHSA PEPFAR staff.

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 also will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities.

2.5 Local Performance Assessment

You must periodically review the performance data you report to SAMHSA (as required above), assess your progress, and use this information to improve management of your grant project. 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 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 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)?

This performance assessment should be completed at least annually, along with other financial and progress reports due.

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 the Project Director to the national ATTC grantee 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: Cooperative Agreement

Anticipated Total Available Funding: \$250,000

Estimated Number of Awards: One Award

Estimated Award Amount: Up to \$250,000

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed \$250,000 in total costs (direct and indirect; direct costs are allowed only on awards to international institutions). 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.

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: The grantee will propose in the application and establish in SE Asia the location of the ATTC, based on the grantee's submitted regional plan for training and technical assistance. Under the direction and leadership of the SAMHSA SE Asia Regional Substance Abuse Treatment Expert, the grantee will further develop its regional technical assistance and training plan and implement the plan in collaboration with both PEPFAR's Regional Asia plan and the PEPFAR programs of countries in SE Asia, including Laos, Cambodia, Thailand, Burma, Papua New Guinea, Indonesia, and China. The plan must be comprehensive in nature and include training and technical assistance throughout SE Asia based on assessed need, not necessarily restricted to only the Asia Regional Program. The grantee will collaborate with the SE Asia Regional Substance Abuse Expert, PEPFAR staff in countries in SE Asia, and members of the Asia Regional PEPFAR team, on the implementation of the training and technical assistance. The grantee will provide data to the special expert and respond to informational and substance use treatment resource requests for training materials, curricula, and other resources from countries in the SE Asia region and from the Asia Regional PEPFAR team.

Role of SAMHSA Staff: The SAMHSA SE Asia Regional Substance Abuse Expert will provide leadership to the countries in the SE Asia region, to the respective country PEPFAR teams, and to the Asia Regional PEPFAR team on issues related to the treatment and recovery continuum for substance use disorders and other areas of behavioral health. The treatment expert will prioritize trainings and technical assistance based on the objectives of the relevant PEPFAR country operation plans and the Asia Regional PEPFAR program. The treatment expert will be responsible for the technical content of the trainings and the success of the technical assistance delivered by the grantee.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are International Non-Governmental Organizations (NGOs), currently funded SAMHSA Addiction Technology Transfer Centers (ATTCs), and universities that have a demonstrated history of success working with PEPFAR partners and PEPFAR programs in SE Asia (specifically in the area of public health and working with local indigenous populations at high-risk for HIV/AIDS). In addition, these entities must have an established presence or representation in the region.

SAMHSA believes these entities are uniquely qualified to implement the program because of their knowledge of, and working experience with, the PEPFAR country teams and regional PEPFAR programs in SE Asia.

Applicants must sign the Certificate of Eligibility in Appendix IV, which certifies that the organization meets the eligibility criteria described above. **The Certificate of Eligibility must be submitted in Attachment 4 of the application or the application will be screened out and will not be reviewed.**

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 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** Letter(s) of Commitment from any organization(s) participating in the proposed project.
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Certificate of Eligibility (see Appendix IV of this document). **If you do not include a Certificate of Eligibility in Attachment 4 of your application, the application will be screened out and will not be reviewed.**

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **February 19, 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.

- You must comply with the PEPFAR Funding Restrictions in Appendix III of this document.

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.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- 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 V and Appendix F.)
- 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 key populations to receive training/technical assistance and the methods you will use to engage them. Identify the location of the ATTC in SE Asia and proposed catchment area, and provide demographic information on the population(s) to receive training and/or technical assistance through the targeted systems or agencies, e.g., race, ethnicity, age, socioeconomic status, geography, and sexual orientation/sexual identity.
2. Discuss the relationship of your key population(s) of focus to the regional and national HIV/AIDS strategy. Identify health disparities relating to access/use/outcomes of substance use disorder treatment and HIV care and treatment in the region, citing relevant data, and how the services you provide

will address these disparities. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.

3. Discuss how the proposed technical assistance/training will improve access to, and receipt of, HIV and behavioral health services for the key populations.
4. Discuss the current state of knowledge in the SE Asia region regarding culturally competent services in treatment and recovery support services for mental and substance use disorders. Describe how you will ensure that culturally competent services will be provided under this cooperative agreement and how information on such services will be disseminated and applied in the region.
5. Describe the service gaps, barriers, and other issues related to the need for enhanced technical assistance to increase the capacity to implement and sustain effective substance use disorder treatment services, treatment for co-occurring disorders, and recovery support services in the region.

Section B: Proposed Approach (40 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](#).
2. Describe your history of success working with PEPFAR partners and PEPFAR programs in SE Asia in the area of public health and working with local indigenous populations at high-risk for HIV/AIDS, and how that experience informs the development and implementation of the ATTC.
3. Describe the proposed project activities, how they meet the needs of the key population(s), and how they relate to your goals and objectives, as well as the PEPFAR goals of local ownership and sustainability.
4. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2: Expectations](#). [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
5. Demonstrate familiarity with state-of-the-art strategies and practices in the treatment of substance use disorders and recovery services and technology transfer principles, strategies, and activities.
6. Clearly identify the total number of events, as well as regional or country specific events you plan to offer annually, and the key population(s) of focus for each. In addition, provide a break-down of the:

- number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
 - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]
7. Explain how you will develop and conduct training and technical assistance, and coordinate with other country and regional PEPFAR activities in SE Asia.
 8. Describe your collaborative relationships with relevant organizations in the region (i.e., regional organizations; national and local governments; provider associations; academic institutions; professional, recovery community, faith-based communities; and key populations) and related systems of care such as criminal justice, primary health care, and HIV/AIDS service organizations. Discuss how you plan to develop these relationships in order to meet the goals of your proposed project.
 9. Discuss how you will perform ongoing local, national, and regional needs assessments and how you will focus on those needs most critical to the effectiveness of treatment of substance use disorders in the key populations and the development of recovery support services.
 10. Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art treatment and recovery research for treatment of substance use and mental disorders, as well as recovery-oriented systems of care.
 11. Describe and give examples of how you will develop and revise innovative, research-based curricula and other products and materials, as appropriate for the key populations you will be serving.
 12. Describe how you will serve as a resource on recovery from substance use disorders, including medication-assisted treatment and recovery-orientated systems of care, to the key populations and community-based, faith-based, recovery community individuals and organizations, as well as family members and other stakeholders.
 13. Describe how you will actively promote and market your services in the region.
 14. Describe any other United States domestic, international, SE Asia regional, national, or local organization(s) that will participate in the proposed project and

their roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from these organization(s) in **Attachment 1** of your application.

15. Discuss how you will promote and market relevant SAMHSA products and publications and serve as a clearinghouse for SUD treatment, recovery support services, and prevention products and services.
16. Describe how your activities will impact HIV prevention and/or treatment services and current services for the treatment of substance use disorders and co-occurring disorders in the region.

Section C: Staff, Management, and Relevant Experience (30 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 and are qualified to serve key populations in the SE Asia region, particularly related to HIV and substance use disorders.
4. Discuss the applicant organization's capacity and experience to develop substance abuse training curricula in the SE Asia region.
5. Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Data Collection and Performance Measurement (20 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this document. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures you plan to use for your grant project.
2. Describe the data-driven quality improvement process by which sub-population behavioral health disparities in access/use/outcomes will be tracked, assessed, and reduced.
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.

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](#), the grantee must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. The grantee must also comply with the reporting requirements of the PEPFAR program, which will be provided post-award.

VII. AGENCY CONTACTS

For questions about program issues contact:

Thomas Kresina, Ph.D.
Division of Pharmacologic Therapies, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1021
Rockville, Maryland 20857
(240) 276-2713
Thomas.Kresina@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
FOACSAT@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 the information that will be given to people who participate in the project. Include the type(s) 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>. **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

Appendix III – PEPFAR Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/SAMHSA funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with SAMHSA's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for SAMHSA awardees.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by SAMHSA. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol

approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.

- Human subjects data collection funding restrictions which require submission of protocols will be submitted within six months of notification of such requirement, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer. All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.

Needle Exchange

- No funds made available under this award may be used for needle exchange programs.

The recipient must use funds provided under the agreement for costs incurred in carrying out the purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.

- Reasonable means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
- Allocable means the costs are necessary to the award.
- Allowable means the costs are reasonable and allocable, and conform to any limitations set forth in the award.

The recipient is encouraged to obtain the Grants Management Officers written determination in advance whenever the recipient is uncertain as to whether a cost will be allowable.

The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, SAMHSA will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

Public Financial Management Assessment Clause: The Parties acknowledge that HHS/SAMHSA has assessed the recipients systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or

means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/SAMHSA in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

It is the policy of HHS/SAMHSA to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

Prohibition on Assistance to Drug Traffickers

- HHS/SAMHSA reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/SAMHSA who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/SAMHSA ("Designated Sub-recipient") until advised by HHS/SAMHSA that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
- The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

Conference Costs and Fees

- U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the SAMHSA in writing.

Definitions:

- A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials

- IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.
- PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

Attribution to PEPFAR

- All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the

following language: This research has been supported by the Presidents Emergency Plan for AIDS Relief (PEPFAR) through HHS/SAMHSA under the terms of SAMHSAFOATI-16-004.

Abortion and Involuntary Sterilization Restrictions

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities:

- No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term motivate, as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
- No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded

Prostitution and Sex Trafficking

- A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organizations opposition to the practices of prostitution and sex trafficking.

Trafficking in Persons Provision

No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:

- engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
- procure any sex act on account of which anything of value is given to or received by any person; or
- use forced labor in the performance of this award.

If HHS/SAMHSA determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employees conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/SAMHSA may, without penalty, (i) require the Grantee to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.

For purposes of this provision, employee means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.

The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees

Requirements for Voluntary Family Planning Projects

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(1) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(2) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or

target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(3) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the persons decision not to accept family planning services offered by the project.

The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

The recipient must notify SAMHSA when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (1), (2), or (3), above.

The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify SAMHSA about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

The recipient must provide SAMHSA such additional information about violations as SAMHSA may request.

Investment Promotion

- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
- In the event the Applicant requires clarification from HHS/SAMHSA as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/SAMHSA and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/SAMHSA that it may do so.

- The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

Workers Rights

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/SAMHSA as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/SAMHSA and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/SAMHSA that it may do so.
- The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- The term internationally recognized worker rights includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term worst forms of child labor means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

Contract Insurance Requirement

To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any

contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/SAMHSA and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers compensation insurance or security as required by HHS/SAMHSA.

- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/SAMHSA.

Conscience Clause

An organization, including a faith-based organization that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care

- Shall not be required, as a condition of receiving such assistance
- To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

Medically Accurate Information About Condoms

Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Financing of Terrorism

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) (<http://www.state.gov/j/ct/rls/other/un/5110.htm>), UNSCR 1368 (2001) (<http://www.refworld.org/docid/3c4e94557.html>), UNSCR 1373 (2001) (<http://www.refworld.org/cgi-bin/teaxis/vtx/rwmain?docid=3c4e94552a>), and UNSCR 1989 (2011) (<http://www.refworld.org/docid/4e0c30382.html>), both HHS/SAMHSA and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/SAMHSA to seek to ensure that none of its funds are used, directly

or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/SAMHSA funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

Source and Nationality and Other Procurement Restrictions

Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/SAMHSA may otherwise agree in writing and as follows:

- Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
- Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/SAMHSA may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/SAMHSA.
- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification, to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/SAMHSA in subsequent written communications between the parties.

Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.

Eligible countries for procurement: HHS/SAMHSA to identify for specific agreement.

Transportation

In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/SAMHSA approval.

Unless HHS/SAMHSA determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:

- At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/SAMHSA which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
- At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/SAMHSA and transported to the territory of the Grantee on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

Environmental Impact Statement

HHS/SAMHSA and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/SAMHSA's environmental policies.

The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:

- Coversheet;
- Narrative with project specific information, including level of effort;
- Annexes:
 - Environmental Screening Form (Table 1);
 - Identification of Mitigation Plan (Table 2);
 - Environmental Monitoring and Tracking Table (Table 3);
 - Photos and Maps, as appropriate.
- The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental
- Examination (IEE) is required and should be completed and submitted to HHS/SAMHSA.

Branding

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/reports/guidance/branding/index.htm>

The 8% Rule

The Presidents Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2015, the limit is no more than 8 percent of the country's FY 2015 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or

cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this FOA. For example, the proposal should state that the applicant has \$_____ in FY 2016 grants and cooperative agreements (for as many fiscal years as applicable) in Asia Region.

Appendix IV – Certificate of Eligibility

You must complete the certificate below and include it in Attachment 4 of the application or your application will be screened out and will not be reviewed.

_____ is applying as a qualifying International Non-Governmental Organization (NGO), currently funded SAMHSA Addiction Technology Transfer Center (ATTC), and university that meet the following criteria:

- demonstrated history of success working with PEPFAR partners and PEPFAR programs in SE Asia (specifically in the area of public health and working with local indigenous populations at high-risk for HIV/AIDS); and
- have an established presence or representation in the region.

Signature
President, Board of Directors

Date

Signature
Executive Director

Date