Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention, and Referral to Treatment Grants

(Short Title: SBIRT)

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-007

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 March 2, 2016.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2016 Screening, Brief Intervention, and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention, and referral to treatment services for adults in primary care and community health settings for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption, reduce its negative health impact, increase abstinence, reduce costly health care utilization and promote sustainability, and the integration of behavioral health and primary care services through the use of health information technology (HIT). It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings and increase the number of individuals accessing services through technological means.

Funding Opportunity Title:	SBIRT
Funding Opportunity Number:	TI-16-007
Due Date for Applications:	March 2, 2016
Anticipated Total Available Funding:	$13,267,000
Estimated Number of Awards:	Up to 8 awards
Estimated Award Amount:	Up to $1,658,375 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years
Eligible Applicants:	State governments through the immediate office of the Single State Authority (SSA) or Director of Health Departments (or equivalent agency) in the state, territories and District of Columbia. The highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native (AI/AN) tribe or tribal organization. [See Section III-1 of this FOA for complete eligibility information.]

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

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2016 Screening, Brief Intervention, and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention, and referral to treatment services for adults in primary care and community health settings for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption, reduce its negative health impact, increase abstinence, reduce costly health care utilization and promote sustainability, and the integration of behavioral health and primary care services through the use of health information technology (HIT). It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings and increase the number of individuals accessing services through technological means.

The populations of focus are adults and adolescents seeking medical attention in primary care and other community health settings (e.g., Federally Qualified Health Centers (FQHCs), community health centers, hospital systems). These grants support clinically appropriate services for persons at risk (asymptomatic) for SUD, as well as those diagnosed with SUD.

The application of SBIRT practice to adolescents has gained attention recently. Given this, grantees may serve up to 20 percent of their population of focus on individuals between the ages of 12 and 18 seeking medical services. **If applicants propose to serve this population, they must provide a detailed plan for identifying the population, the settings in which SBIRT will be provided, and letters of commitment and Memoranda of Understanding (MOUs) from participating service locations in Attachment 1 of the application.**

The SBIRT program is consistent with the Office of National Drug Control Policy (ONDCP), National Drug Control Strategy (NDCS). The NDCS promotes behavioral health and primary care integration through universal early screening and brief intervention (SBI); developing the behavioral health workforce by increasing health care providers' knowledge of and use of SBIRT; and promoting cost reduction through reimbursement strategies.

The SBIRT program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the

differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

SBIRT is one of SAMHSA's services grant programs. SAMHSA intends for its services grants to result in the delivery of services as soon as possible after award. Service delivery should begin by the 6th month of the project at the latest.

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

2. EXPECTATIONS

It is expected that grantees will deliver screening activities, brief interventions, and referral to treatment to individuals seeking medical attention in primary care or community health settings. The population of focus may be adults 18 years of age and older only, or grantees may serve up to 20 percent of their population of focus on individuals between the ages of 12 and 18 years. It is the intent of this program to demonstrate the impact of SBIRT by reducing the prevalence of SUDs through early identification and intervention with risky substance users and referral to specialty treatment for patients with SUDs. The program is designed to enhance the continuum of behavioral health care, increase the integration of behavioral health with primary care, disseminate the SBIRT approach across a wide range of state and local programs, increase adoption of SBIRT in primary care and other medical care settings, change systems and policy adoption of SBIRT, increase the behavioral health expertise of the primary care workforce, and increase available insurance reimbursement possibilities for this practice. The program will highlight the importance of implementing SBIRT by a variety of healthcare professionals including nurses, physician assistants, health workers, and other non-physicians.

It is expected that key staff will contribute to the programmatic development or execution of the project in a substantive and measurable way. The key staff for this program will be the Project Director (PD) and Program Evaluator (PE).

- The PD will be expected to monitor and direct the daily operations of the grant, including directing program staff and activities in both administrative and budgetary activities; communicating-e directly with SAMHSA on the implementation, successes and challenges, and sustainability of the grant; developing and convening the Policy Steering Committee (PSC) (see section 2.1 Phase I for more information on the role of the PSC); ensuring all required reports are submitted completely and on time; and ensuring all required data reports are timely and accurate. This position must be a minimum of 50 percent full time equivalent (FTE) on the grant.

- The PE will be responsible for all evaluation duties, incluidng ensuring that data are collected and reported to SAMHSA on all required data reports, and will be responsible for reporting to any required SAMHSA data platforms designed to meet the requirements of the Government Performance and Results (GPRA) Modernization Act of 2020. The PE will report to the PD on meeting performance targets and for issues relating to quality assurance and improvement, as indicated by the data collected. The PE will be responsible for the conduct and completion of local evaluations of the program, and for reporting these results to the PD and SAMHSA. This position must be a minimum of 30 percent FTE.

Required Activities:

SAMHSA's services grant funds must be used primarily to support allowable direct services. This includes the following types of activities:

- Providing screening, brief intervention, and referral to specialty treatment for diverse populations at risk. Referral to treatment services must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs.

Grantees must devote not less than 55 percent of their award to expand and enhance their service systems to carry out the SBIRT services listed below for adults and adolescents presenting in primary care and community agencies, including establishing linkages to the specialty treatment system. Grantees must initiate agreements with local and tribal healthcare entities to expand the implementation and delivery of SBIRT services. These services are face-to-face, universal screening approaches; however, grantees may use automated electronic means to administer pre-screens and full screening tools (i.e., tablet based self-administration by patients in waiting rooms). Grantees must select validated screening instruments for any pre-screening and full screens similar to those suggested below:

Pre/Screening with universal pre-screening (typical for high-volume patient locations) and full-screening tools.

- For Alcohol
    - Pre-Screen: NIAAA single question screen + binge question
    - Pre-Screen: Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) + binge question
    - Full screen: AUDIT
- For illicit and prescription misuse:
    - Pre-Screen: NIDA single question drug screen
    - Full Screen: the Drug Abuse Screen Test – 10 Questions (DAST-10)

    - The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) 2.
- If adolescents are included in the population of focus, such screening tools as the CRAFFT, Gain SS, and Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2), as appropriate.

If a patient screens positive for drug use, SBIRT staff must conduct a brief assessment to identify the specific type(s) of drug used, consumption level, and impact on functions of daily living to best determine the level of severity and help guide providers to determine which specific type of treatment is needed.

Grantees must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- Suggested screening tools – PHQ-2 or PHQ-9

If a patient is identified as having a mental health problem, SBIRT staff must conduct a further assessment to determine if a referral to a professional mental health provider is warranted. As appropriate, referrals will be made to the facility's in-house behavioral health provider or network behavioral health provider.

- **Brief Interventions (BI):** (1 to 5 sessions) designed with client-centered, nonjudgmental, motivational interviewing (MI) techniques.

- **Brief Treatment (BT):** (up to 12 sessions) including the monitoring of individuals who misuse AOD but are not yet dependent.

- **Referral to Treatment (RT):** (when indicated) It is critical to ensure that appropriate specialty services are available to treat persons for whom such services in community settings are not indicated. Grantees may use up to **10 percent** of the services portion of the award to refer to and expand specialty modalities (outreach/pretreatment services, methadone and non-methadone outpatient services, and residential services) for persons found in need of specialty treatment. SAMHSA funding is the payer of last resort for these services; all other available financing sources must be exhausted first. A robust RT system is critical to the success of SBIRT. Applicants must demonstrate strong interface with specialty treatment providers by including letters of commitment from such providers to accept referrals from the SBIRT sites in **Attachment 1** of the application.

Applicants must provide a detailed description of the referral to treatment component of their program for each of their SBIRT sites. Applicants must describe a structured

process which moves the patient from a positive screening to the referral. This includes a comprehensive case management component, engaging with the patient to follow through on the referral recommendations, and assisting with addressing any obstacles, such as arranging appointments and/or admission, wait lists, insurance/payment issues, transportation to appointment and other related issues. Grantees must provide verification of contractual agreements with specialty treatment providers post-award. Consideration should be taken to enroll the patient into brief therapy as an interim measure if a delay in specialty treatment exists (i.e., wait list).

With the continuing development of Medication-Assisted Treatment (MAT) technologies, SAMHSA has maintained an interest in supporting the use of accessible, coordinated/integrated, and evidence-based MAT for opioid use disorders. MAT is defined as the use of FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine) and to prevent relapse to opioid use (naltrexone). MAT includes screening, assessment, and case management and should be provided in combination with comprehensive SUD treatment, including but not limited to: counseling, behavioral therapies and, when needed, pharmacotherapy for co-occurring alcohol use disorder. During screening, grantees must identify those individuals who may indicate opioid and or alcohol use disorders and refer them to MAT-qualified specialty treatment providers. While not all individuals with positive screen results meet the criteria for referral to MAT, applicants must demonstrate the capacity to refer patients who may be eligible for MAT to specialty treatment providers who can provide these services. **Applicants must provide written agreements with MAT specialty treatment providers associated with the grant, as well as the details of the referral mechanism in Attachment 4 of the application. If these agreements are not included in Attachment 4, the application will be screened out and will not be reviewed.**

Allowable Activities:

Applicants may serve up to 20 percent of their population of focus on individuals between the ages of 12 and 18. Applicants proposing to serve this population must provide a detailed plan for identifying this population and the settings in which SBIRT will be provided in Section A of the Evaluation Criteria, and provide letters of commitment and Memoranda of Understanding (MOUs) from participating service locations in **Attachment 1**.

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 served 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, and use and outcomes of, service activities; and (3) methods

for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**.** (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).

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

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

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.

2.1 Project Phases

The project is intended to be operated in the following three phases:

Phase I: Project Planning and Start-Up. This phase is expected to last approximately six months. The tasks to be completed in this phase are:

- Select the PSC which acts as the main policy-making, problem-resolution body responsible for progress performance and review; interfacing with policy-making bodies; promoting reimbursement code adoption/use; social marketing and dissemination; developing, executing, and reporting annually on sustainability plans and achievements; ensuring the feasibility and successful implementation of the state/tribal HIT plan; reviewing, recommending action on, and approving the required semi-annual reports, and ensuring SBIRT training is disseminated to non-grant service organizations. Efforts should be made to include representation from public, private and non-profit health care, behavioral health care leaders, state and private health insurance policymakers, primary care association leadership, state medical society leadership, and specialty substance use disorder organizations/associations.

- Develop a sound organizational structure of qualified personnel (project directors and coordinators, clinical directors, and evaluators) and participating agencies. Ensure qualified community and specialist services for patients evidencing risky substance use or SUD dependency.

- Develop a comprehensive Quality Improvement Plan (QIP) to ensure fidelity to SBIRT model practices. This plan must be provided to SAMHSA by the end of Phase I.

- Initiate full, evidence-based SBIRT services to all participating grant recipients.

- Continually assess system gaps and identify population(s) of focus and communities to be served. Between 5–10 percent of the population(s) of focus must be unique groups that receive medical/behavioral health screenings (i.e., the National Guard, HIV/STD clinics, employee assistance programs, post-offender release programs, college student health centers, or peer-to-peer services) as selected by the applicant. The applicant must evaluate and report to SAMHSA on these populations in semi-annual reports.

- If the applicant chooses to include adolescents in the project, this population must constitute no more than 20 percent of the population of focus. Any services to adolescents must follow local, state, and federal laws pertaining to treatment of adolescents, ensure proper parental notification/consent requirements, and ensure applicable HIPPA and 42 CFR part 2 protections.

- Refine the implementation plan to provide training and technical assistance to sub-recipients and, where possible, non-grant entities.

- Complete interagency agreements, sub-contracts, billing and fiscal procedures and controls, and reporting and monitoring procedures with participating service providers.

- Select reporting instruments and obtain baseline data covering levels of service, patient needs, program performance characteristics, and training and technical assistance.

- Establish the mechanism for monitoring performance against targets for: (1) reducing AOD use by patients receiving SBIRT grant services; (2) increasing the number of clients with asymptomatic, risky use or SUD who receive treatment in each sub-recipient community; (3) increasing the number of community settings where SBIRT services are provided; and (4) providing treatment services within approved cost parameters for each treatment modality.

- The integration of behavioral health practices into primary care is a critical component of SAMHSA's strategic initiatives. Recipients must use between 5-10 percent of the award to promote the development and implementation of automated and HIT technology to integrate SBIRT services into screening devices, electronic health records (EHRs) and, where possible, interfaces with health information exchanges (HIEs). Applicants must provide detailed plans for integration of automated services in Section A of the Evaluation Criteria.

Phase II: Operations. This phase is expected to last four years and three months. The grantee will be responsible for the following activities:

- Continue project management, reporting, evaluation, quality improvement, cost control, and assess overall program training and technical assistance (TA) needs. Finalize and complete installation and operations of screenings, brief interventions, and robust referral to treatment services at all participating sites.

- Continue to expand the continuum of SUD care and achieve: (1) reduction of AOD use by individuals receiving SBIRT services; (2) increase the number of persons at risk for, or diagnosed with, an SUD receiving specialty treatment; (3) increase the number of community health settings and unique population groups where SBIRT services are provided; and (4) provide treatment services within approved cost parameters for a given treatment modality.

- Establish and track systems changes in funding sources, SBIRT reimbursement code utilization, treatment access, and technical assistance (TA) barriers. Refine operations as barriers are encountered and lessons learned.

- Develop and submit all required reports to SAMHSA, including financial reporting, data collection, and semi-annual reports.

- Full participation in any cross-site evaluations which may be required by SAMHSA.

- The PSC meets quarterly and continues to monitor grant success; refine, execute and report on the annual sustainability plan, promote behavioral HIT, and elicit state/tribal stakeholder commitment and participation in both; review and approve the semi-annual report, as prepared by the PD, and report and act on challenges identified in the report.

- Train community stakeholders in the elements and utility of SBIRT whenever possible, and provide the number of those trained by profession or affiliation in the semi-annual reports.

Phase III: Phase Out. This phase is expected to last three months. During the final three months of the grant, CSAT will work with the grantee to ensure a smooth transition occurs. Clinical services should end at the beginning of this phase to ensure completion of follow-up and/or treatment. A final report covering grant operations, lessons learned, evaluations, and challenges and successes must be completed and submitted to CSAT within 90 days following the end of the grant period.

2.3 Using Evidence-Based Practices (EBPs)

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

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

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

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

  [Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

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

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 E: Data Collection and Performance Measurement of your application. Grantees will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness, including measures of disparities in access, service use, and outcomes across subpopulations. Grantees that are including adolescents as a population of focus must also report on demographics, abstinence, housing, mental health problems, juvenile criminal justice involvement, and academic attendance/performance and social connectedness. This information will be gathered using a uniform data collection tool provided by SAMHSA. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. An example of the type of data collection tool required can be found at http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post-intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. All data must be submitted through the specified online data submission tool within seven days of data collection or as specified after award. Grantees will be provided extensive training on the system and its requirements post-award.

Applicants should note that there are three categories of services or combinations of services to be supported by these grant funds and each category has specific GPRA reporting requirements:

- Screening Only;
- Screening and Brief Intervention (BI); and
- Screening and Brief Treatment (BT) or Screening and Referral to Other Types of Treatment for Substance Use Disorders (RT).

Varying levels of data are required on clients in each category of care. Intake and discharge data are required on all clients, as specified below. Drug use, employment status, housing status, criminal justice status, social connectedness, access and retention must all be measured using the sections of the GPRA tool, as detailed below. Grantees that includeadolescents as a population of focus must also report on demographics, abstinence, housing, mental health problems, juvenile criminal justice involvement, and academic attendance/performance and social connectedness. Also

noted below are follow-up data specifications. Follow-up data will be required on 10 percent of the clients served in **each** category of care requiring intervention/treatment (BI, BT, and RT). Applicants must describe the follow-up method to be used and specifically address: (1) recruitment into the follow-up pool; (2) ongoing tracking and patient engagement with staff over the six-month period; (3) final contact with the patient and completing the six-month interview; (4) creating a detailed locator form with varied locator information to assist follow-up staff; and, (5) allowing incentives, as authorized by SAMHSA guidance.

The following are the reporting requirements for each category of services or combination of services to be provided to individuals:

Screening Only

For clients who are screened and who, based on the results of the screen, should not require any level of substance use disorder intervention or treatment services, the following will be required for each grantee and/or each community, if applicable:

Baseline Client Level Data

Baseline (at screening) CSAT-GPRA data elements limited to demographics must be collected on all clients in this category. (See Sections A and B of the GPRA tool.) Grantees will be required to use the AUDIT-C, AUDIT, and DAST to screen adults. The screening and collection of the GPRA information must be face-to-face. Additional screening instruments/tools may be used with the agreement of the SAMHSA Project Officer. This individual client level data will be used to count unduplicated clients served. No further data collection will be required on these clients.

Screening and Brief Intervention (BI)

For all clients who are screened and who, based on the results of the screen, should or do receive brief intervention, the following must be collected and reported:

Baseline Client Level Data

Baseline (at screening) CSAT-GPRA data elements limited to the demographic and substance use domains must be collected on all clients in this category of service. (See Sections A and B of the GPRA tool.) This individual client level data will be used to count unduplicated clients served. It is important that all clients complete a tracking information sheet, in the event they are selected for follow-up.

Discharge Client Level Data

For all clients in this category, discharge data must be submitted to CSAT. If a Brief Intervention is completed more than 7 days from the time of intake, Sections A, B, J and K of the GPRA tool must be completed on the client. If the intervention is 7 days or less from the time of intake, Sections A, J and K must be completed.

Only unduplicated target counts will be accepted. Periodic re-screening is encouraged but a single individual may be counted only once for each scoring category. For example, a person who scores negative can be counted for the project only once as a negative, regardless of any later screening also showing negative. The same person scoring positive for a BI later can be counted as BI once with the same applying to BT and RT for the life of the program.

Follow-up Client Level Data

For a representative 10 percent sample of clients in this category who should have or did receive brief intervention, the follow-up GPRA items asked are limited to the substance use domain and follow-up sections of the tool. (See Sections A, B and I of the GPRA tool.) Data must be collected at 6 months after baseline and entered into the CSAT web-based GPRA data entry and reporting system. CSAT will provide grantees the sampling method to obtain the representative sample of 10 percent. Grantees will be notified which clients have been selected as part of the representative sample and need to be located for follow-up via a web-based notification report. Grantees are expected to achieve a follow-up rate of at least 80 percent of those selected for the follow-up sample.

For example, if 100 patients are screened and should receive Brief Intervention, 10 clients will be in the CSAT selected sample to be followed up. Grantees will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

Aggregated Data

In the semi-annual report, grantees must also provide data about the costs for the delivery of screening and brief intervention, including the mean, median, and range of costs overall, by facility type, region, and sub-recipient, if applicable. Grantees must also discuss how such costs compare to the CSAT-approved cost parameters for screening and brief intervention and what efforts they are undertaking to bring costs into line with those expected.

Screening and Brief Treatment (BT) or Screening and Referral to Other Types of Treatment for Substance Use Disorders (RT)

For all clients that are screened and require either extended interventions or other treatment, the following must be collected and reported:

Baseline Client Level Data

Baseline data (at screening) using all of the CSAT GPRA data elements must be collected on all clients in this category of service. (See Sections A through G of the GPRA tool.) It is important that all clients complete a tracking information sheet in the event they are selected for follow-up.

Discharge Client Level Data

For all clients in this category, discharge data must be submitted to CSAT. If an Extended Intervention is completed more than 7 days from the time of intake, Sections A through G, J and K of the GPRA tool must be completed on the client. If the treatment is 7 days or less from the time of intake, Sections A, J and K of the GPRA tool must be completed.

Follow-up Client Level Data

For a representative 10 percent sample of clients in this category who, based on the results of their screening, should have or did receive services beyond brief intervention, follow-up data (all domains, see Sections A through I of the GPRA tool) are to be collected at 6 months after the initiation of substance use disorder treatment services and entered into the GPRA web-based data entry and reporting system. CSAT will provide grantees the sampling method to obtain the representative sample of 10 percent. Grantees will be notified which clients have been selected as part of the representative sample and need to be located for follow-up via a web-based notification report. Grantees are expected to achieve a follow-up rate of at least 80 percent of those selected. Note that a 10 percent sample is required for each of the two levels of intervention (BT, RT).

For example, if 100 patients are screened and should receive Brief Treatment, 10 clients will be in the sample to be followed up. Grantees will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

In addition, if 100 patients were screened and should receive a Referral to Treatment, 10 clients will be in the sample to be followed-up. Grantees will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

Aggregated Data

In the semi-annual report, the grantee must also provide data about the costs for the delivery of screening and brief treatment, as well as all other treatment modalities supported by this cooperative agreement including the mean, median, and range of costs overall, by modality, facility type, region, and sub-recipient, if applicable. The grantee must also discuss how such costs compare to the CSAT-approved cost parameters for screening and brief intervention and what efforts they are undertaking to bring costs into line with those expected.

The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

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

2.5 Local Performance Assessment

This assessment must be provided in the required semi-annual reports and will be reviewed by the CSAT Government Project Officer (GPO) and the Division of Grants Management.

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 the intervention on key outcome goals?
- 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?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- How was technology used to improve the delivery and sustainability of SBIRT services?

- Have policies been developed by the state concerning HIE and participating providers for managing patient consent and privacy of health information stored or transmitted electronically in compliance with 42 CFR Part 2 and state health information privacy laws?

- Are the primary care and specialty treatment providers routinely sharing information following a referral?

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

Process Questions:

- How closely did implementation match the plan?

- What types of changes were made to the originally proposed plan?

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

- What led to the changes in the original plan?

- What effect did the changes have on the planned intervention and performance assessment?

- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?

- How many individuals were reached through the program?

The local performance assessment should be completed semi-annually and reported in the applicable reports.

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 I-2.5 above.

2.6 Infrastructure Development (maximum 15 percent of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15 percent of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, and describe your use of grant funds for these activities in Section A of the Project Narrative.

- Developing partnerships with other service providers for service delivery.

- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.

- Training/workforce development to help your staff or other providers in the community identify mental health or substance use disorder issues or provide effective services consistent with the purpose of the grant program. Grantees will be expected to ensure that the roles of all healthcare professionals including physicians, nurses, physician assistants, and other health workers are clear in implementing SBIRT.

- The integration of behavioral health practices into primary care is a critical component of SAMHSA's strategic initiatives. Recipients must use between 5-10 percent of the allowable infrastructure funds to promote the development and implementation of automated and HIT technology to integrate SBIRT services into screening devices, electronic health records and, where possible, interfaces with health information exchanges (HIE). Applicants must detail their plans for integration of automated services in the narrative section of the application.

- Upgrading EHRs to support consent management and the sending and receiving of health records that are subject to 42 CFR Part 2.

- Planning for record interchanges with the state HIE technologies to support consent management and the sharing of health records that are subject to 42 CFR Part 2.

2.7 Project Administration

No more than 10 percent of the total grant award may be used for administrative purposes. Project administration includes, but is not limited to, policy and systems change; monitoring sub-recipients' service delivery and overall project reporting; assisting the PSC in the design and execution of sustainability after the grant expires;

and, assisting the PSC to promote valid behavioral health information technology module adoption in state/tribal HIT plans.

2.8 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in 2018 and 2020. 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, DC, area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	$13,267,000
Estimated Number of Awards:	Up to 8 awards
Estimated Award Amount:	Up to $1,658,375 per year
Length of Project Period:	Up to 5 years

Proposed budgets cannot exceed $1,658,375 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are:

- State governments through the immediate office of the Single State Authority (SSA); or Director of the Health Department (or equivalent agency) in the states, territories, and District of Columbia.

- The highest ranking official and/or the duly authorized official of federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations.

Tribal organization means the federally-recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

These large scale SBIRT grants require the resources of state/tribal governments to implement SBIRT across entire states/tribes and territories, or portions thereof. This program is designed to expand/enhance the state and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption. It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings, including greatly increasing the number of individuals accessing services through technological expansion. Therefore, eligibility is limited to the immediate office of the Single State Authority (SSA) or director of the health department (or equivalent agency) in the states, territories, and District of Columbia; or the highest ranking official and/or the duly authorized official of a federally-recognized American Indian/Alaska Native tribe or tribal organization.

In an effort to increase geographic distribution, SAMHSA seeks to disseminate the SBIRT program widely and to locations which have not previously received an award. Therefore, previous recipients under announcements TI-06-002, TI-08-001, TI-11-005 and TI-13-012 are not eligible to apply under this announcement. (See Appendix V for current/former SBIRT grantees that are **NOT** eligible to apply).

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

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

The three requirements are:

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

- Each mental health/substance use disorder treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

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

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance use disorder treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix II, Statement of Assurance, in this document.]

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

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

- official documentation that all mental health/substance use disorder treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;

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

- for tribes and tribal organizations only, official documentation that all participating mental health/substance use disorder treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other

tribal governmental unit that licensing, accreditation and certification requirements do not exist.

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

IV. APPLICATION AND SUBMISSION INFORMATION

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 IV of this document**. It is highly recommended that you use the sample budget format in Appendix IV. This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 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 section provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F and G. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions 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.)

- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170**.** This form is posted on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources.

- **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**: (1) Identification of at least one experienced, licensed mental health/substance use disorder treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations and, if applicable, letters of commitment from participating adolescent service locations outlining the protection of the client's privacy, confidentiality and safety, and adherence to local, state and federal regulations pertaining to adolescent behavioral health services; (4) (if applicable) applicants proposing to serve up to 20 percent of their population of focus on individuals between the ages of 12 and 18 need to include letters of commitment and Memoranda of Understanding (MOUs) from participating service locations; **(Do not include any letters of support. Reviewers will not consider them if you do.)** and (5) the Statement of Assurance (provided in Appendix II of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.

- **Attachment 2**: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3**: Sample Consent Forms

- **Attachment 4**: Letter of agreement/commitment with MAT providers.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 2, 2016.**

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
    - Between 5-10 percent of allowable infrastructure funds must be used to promote the development and implementation of automated and HIT technology to integrate SBIRT services into screening devices, electronic health records and where possible interfaces with HIE.
- No more than 20 percent of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- Grantees must devote not less than 55 percent of their award to expand and enhance their service system to carry out SBIRT services.
    - Up to 10 percent of the services portion of the award may be used to pay for specialty treatment. This may only be used as the pay method of last resort after exhausting all other means of payment.
- No more than 10 percent of the total grant award may be used for administrative purposes. Project administration includes, but is not limited to, policy and systems change; monitoring sub-recipients' service delivery and overall project reporting; assisting the PSC in the design and execution of sustainability after the grant expires; and assisting the PSC to promote valid behavioral health information technology module adoption in state/tribal HIT plans.

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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-E) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. **You <u>must</u> 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 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: Population of Focus and Statement of Need (15 points)

1. Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA. Between 5–10 percent of the population(s) of focus must be unique groups that receive medical/behavioral health screenings (i.e., the National Guard; HIV/STD clinics, employee assistance programs, post-offender release programs, college student health centers or peer-to-peer services, etc.) as selected by the applicant.

3. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g.,

from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

4. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve service effectiveness. Provide a detailed plan for integration of automated services and how the 5-10 percent of allowable infrastructure funds will be used to promote the development and implementation of automated and HIT technology to integrate SBIRT services into screening devices, electronic health records and where possible interfaces with HIE.

5. Between five to ten percent of the infrastructure funds must be directed toward EHR and HIT integration and automated adoption of SBIRT activities. Describe how the systems will implement, modify, and/or enhance EHRs to improve care coordination, support evidence based practices, improve workflow, reduce provider burden, and/or improve coordination of billing and reimbursement with a focus on developing sustainable practices.

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

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in Section E: Data Collection and Performance Measurement.

2. Applicants should use EBPs that address the domains of substance use disorder and behavioral health integration in primary care and community health settings. Describe the EBP(s) that will be used and justify its use for your population of focus, your proposed program, and the intent of this FOA. Describe how the proposed practice(s) will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender identity, sexual orientation age, geography, and socioeconomic status); language and literacy; and disability. [See Appendix I: Using Evidence-Based Practices (EBPs).]

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

4. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.

5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.

6. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

Section C: Proposed Implementation Approach (30 points)

1. 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 I-2: Expectations. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 6months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

2. Describe how the key activities in your timeline will be implemented. Include justification for the screening tools selected, the proposed content of motivational interviewing informed brief interventions, and methods to establish effective referral linkages to the specialty treatment community.

3. 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.

4. If including up to 20 percent of the proposed population of focus for adolescents between the ages of 12 and 18 years, describe how you will identify the adolescent population requiring services; the location in which these services will be rendered; any protections of confidentiality, privacy and parental notification/consent as required by federal, state and local law, and any protections provided by either HIPPA and/or 42 CFR part 2; numbers served and outcome data. For the RT portion, identify and describe the qualifications of any specialty treatment providers to which you may refer adolescents. You must also provide detailed qualifications of any SBIRT personnel providing services to adolescents. Attach letters of commitment from participating adolescent service locations outlining the protection of the client's privacy, confidentiality and safety in **Attachment 1**. Also provide MOUs or other written agreements necessary to establish procedures, lines of responsibility and service provision to adolescents in the proposed locations and organizations. **If you do not plan to serve adolescents in your proposed project, indicate so in your response.**

5. Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the

screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

6. Describe how you will identify, recruit and retain the population(s) of focus. Discuss how the proposed approach to identify, recruit and retain the population(s) of focus considers the language, beliefs, norms, values and socioeconomic factors of this/these population(s).

7. Identify any other organization(s) that will partner in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application.

8. Up to 10 percent of the services portion of the award may be used for referral to specialty treatment. This percentage includes funding for any prescribed MAT. Describe how you will identify those individuals during the screening process who may indicate opioid and/or alcohol use disorders and refer them to MAT-qualified specialty treatment providers. While not all individuals with positive screen results meet the criteria for referral to MAT, you must demonstrate the capability to refer patients who may be eligible for MAT to specialty treatment providers who can provide these services. **You must provide written agreements with the MAT-capable specialty treatment providers associated with the grant, as well as the details of the referral mechanism in Attachment 4. If you do not include these written agreements in Attachment 4, your application will be screened out and will not be reviewed.**

9. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation.

10. Provide a per-unit cost for this program. Justify that this per-unit cost is reasonable and will provide high quality services that are cost effective.

    [NOTE: One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; and 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of

persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved.]

Section D: Staff and Organizational Experience (10 points)

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

2. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus. 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. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.

4. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.

5. Describe how your staff will ensure the input of consumers and clients in assessing, planning and implementing your project.

Section E: 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 FOA.

2. Describe your specific plan for:
   - data collection,
   - management,
   - analysis, and
   - reporting.

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

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.5 of this FOA and document your ability to conduct the assessment.

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

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

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

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

SUPPORTING DOCUMENTATION

Section F: Biographical Sketches and Job Descriptions

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

Section G: 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 G of your application. See Appendix III 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, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Grantees will generally be required to submit semi-annual progress reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

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

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix I – Using Evidence-Based Practices (EBPs)

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

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

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

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

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

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

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

Resources for Evidence-Based Practices:

You will find information on evidence-based practices at http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

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

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

Appendix II – Statement of Assurance

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

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

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

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

_____ _____

Signature of Authorized Representative Date

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

Appendix III – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance use disorderrs, pregnant women or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

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

   - Describe:

     - How you will use data collection instruments.

     - Where data will be stored.

     - Who will or will not have access to information.

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

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

6. Adequate Consent Procedures

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

   - State:

     - Whether or not their participation is voluntary.

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

     - Possible risks from participation in the project.

     - Plans to protect clients from these risks.

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

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

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

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

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

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

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

7. Risk/Benefit Discussion

    - Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix IV – 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 use disorder, 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. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

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**

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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

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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 Infra-structure 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**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infra-structure Costs
Indirect Charges	$750	$750	$750	$750	$750	**$3,750**
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 V – Entities NOT Eligible to Apply

Former or Current States Funded:
Arizona
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Iowa
Maryland
Massachusetts
Missouri
New Jersey
New Mexico
New York
North Carolina
Ohio
South Carolina
Tennessee
Vermont
Washington
West Virginia
Wisconsin

Tribal Organizations Funded:
Tanana Chiefs Conference (located in AK)

Territories Funded:
American Samoa