

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

Targeted Capacity Expansion-Peer-to-Peer

Short Title: TCE-PTP

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-008

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

PART 1: Programmatic Guidance

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

Key Dates:

Application Deadline	Applications are due by February 15, 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 Targeted Capacity Expansion-Peer-to-Peer (Short Title: TCE-PTP) grants. The purpose of this program is to expand and enhance service capacity through the provision of peer recovery support services for those individuals with substance use disorders (SUDs) and their family members. It is the expectation that those with lived experience will play an integral role in the design, development, and implementation of this program. A primary program objective is to help achieve and maintain recovery and improve the overall quality of life for those being served. This is assessed through increased abstinence from substance use, employment, housing stability, social connectedness, decreased criminal/juvenile justice involvement, and increased indicators of successful recovery and enrollment in education, vocational training, and/or employment.

Funding Opportunity Title:	Targeted Capacity Expansion Peer-to-Peer (Short Title: TCE-PTP)
Funding Opportunity Number:	TI-16-008
Due Date for Applications:	February 15, 2016
Anticipated Total Available Funding:	\$3.8 million
Estimated Number of Awards:	Up to 15 awards
Estimated Award Amount:	Up to \$250,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities, tribal and urban Indian organizations, and/or community- and faith-based organizations that are organizations comprised of, led, and governed by people in recovery from substance use disorders. These organizations directly provide recovery support services and are eligible as Recovery Community Organizations (RCOs).

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 Targeted Capacity Expansion-Peer-to-Peer (Short Title: TCE-PTP) grants. The purpose of this program is to expand and enhance service capacity through the provision of peer recovery support services for those individuals with substance use disorders (SUDs) and their family members. It is the expectation that those with lived experience will play an integral role in the design, development, and implementation of this program. A primary program objective is to help achieve and maintain recovery and improve the overall quality of life for those being served. This is assessed through increased abstinence from substance use, employment, housing stability, social connectedness, decreased criminal/juvenile justice involvement, and increased indicators of successful recovery and enrollment in education, vocational training, and/or employment.

In accordance with SAMHSA's Strategic Initiative on Recovery Support, this program aims to assist individuals in achieving and sustaining their recovery through a peer model which capitalizes on the expertise of those individuals with similar lived experience. This experience and expertise opens non-traditional avenues of engaging vulnerable populations. Through the provision of an array of peer-delivered recovery support services, the domains of health, home, purpose, and community will be addressed to enhance an overall quality of life for those served.

The TCE-PTP 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.)

TCE-PTP is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

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

2. EXPECTATIONS

SAMHSA's services grant funds must be used primarily to support allowable direct services. It is the expectation of this grant program that grant funds be used to provide a comprehensive array of peer recovery support services that are consistent with the domains of health, home, purpose, and community. Additionally, it is expected that the proposed array of services support and enhance multiple pathways to recovery, including those that reflect and promote community/cultural relevance.

It is expected that key staff will contribute to the programmatic development and execution of the project in a substantive and measurable way. The key staff for this program are the Project Director and Peer Leader Coordinator/Supervisor. It is expected that key staff will work on the proposed project at a minimum of .50 FTE.

Required Activities:

In order to provide an array of diverse peer recovery support services (see <http://www.samhsa.gov/recovery>) that foster the four domains of recovery, health, home, purpose and community, the following **required** activities must be addressed as integral components of the proposed peer recovery support services project:

- Conduct an initial and ongoing community assessment that focuses on recovery community strengths and needs;
- Provide outreach and other engagement strategies to increase participation in, and access to, treatment and/or recovery services for diverse populations;
- Develop a peer leadership council to engage peers in program decision making;
- Implement participatory processes in developing and implementing peer support services;
- Design and implement a plan for training of peer leaders, including training in the provision of trauma-informed services, to develop and enhance the skills of the peer workforce;
- Deliver a plan for supervising peer support workers that involves the integration of peer recovery core values, core competencies for peer workers training in culturally-relevant services, and establishing boundaries in peer worker settings;
- Provide peer recovery coaching/mentoring to assist at all stages of the recovery continuum in order to achieve and maintain long-term recovery;

- Develop individualized and self-directed recovery plans, working collaboratively with the service recipient, to ensure that his/her plan builds upon individual strengths and needs;
- Initiate routine recovery check-ups (face-to-face, telephone, and/or mobile) in order to maintain regular contact with the service recipient;
- Host peer-facilitated educational and social support groups to build a community of support that emphasizes a culture of recovery. These supports as well as other activities may be housed in a recovery community center.
- Host substance-free socialization activities to build a safe network and community that promotes individual and family skill development in substance-free social environments; and
- Provide services directly related to the improvement of health and wellness including facilitating linkages to primary and mental health care, where appropriate.

Peer recovery support services involve an array of supports and services that are responsive to the specific needs of the recovery communities to be served. The following are activities that may also be included in the scope of the project. Other activities not listed here may be included if they are representative of recovery supports promoting the domains of health, home, purpose, and community.

Allowable Activities:

- Design and implement educational/employment coaching/training with a focus on reducing barriers to employment for those with a history of substance use disorders to ensure the ability of individuals to find and maintain meaningful employment and to ensure a sense of purpose;
- Provide connections to housing and housing supports;
- Provide connections to other community organizations focused on health and wellness (resource navigation) through a peer-to-peer approach;
- Develop a youth recovery leadership program that may include training young adults in recovery coaching and other peer recovery supports;
- Initiate a youth-specific recovery program or center that provides peer-led recovery support services;
- Provide linkages to opioid treatment and other medication-assisted treatment programs;

- Implement recovery supports for individuals in medication-assisted recovery;
- Implement peer recovery supports addressing the needs of women and children along the continuum of recovery;
- Engage family members and allies of individuals in recovery to provide peer recovery support services to meet the needs of families; and
- Promote peer-directed and -focused physical health and fitness activities.

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, use of, 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).

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.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full*

potential. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition of recovery is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

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 Using Evidence-Based/Promising Practices

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 evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. 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. In [Section B](#) of your project narrative, you will need to:

- Identify the promising/evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- If you are proposing to use more than one promising/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.]

2.2 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, criminal/juvenile justice system involvement, enrollment in education, vocational training and/or employment, access to services, retention in services, 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.

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.

Technical assistance related to data collection, management, and utilization is provided through the Grantee Data Technical Assistance System, accessed through (<https://gdta.samhsa.gov>).

In addition to these measures, grantees will be expected to report quarterly on their progress and performance on achieving the goals and objectives of the grant project.

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

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least quarterly. It is expected that process measures will be reviewed and approved at the outset of the grant project. Progress on the local performance assessment must be reported quarterly as a component of the programmatic quarterly progress reports. 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 program on key outcome (recovery) goals?
- How did the intervention(s) affect the outcome of sustaining recovery at 6-month follow-up?
- What individual factors were associated with outcomes, including race, ethnicity, sexual orientation, and gender identity?
- What external factors – program, contextual, cultural, linguistic or other – were associated with outcomes?

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 many individuals were reached through the program (including family members)?
- Who provided (program staff) which services (type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- How were peers (those with lived experience) incorporated into the design and development of services?

- What process was used to support and develop peer leadership (e.g., training, supervision, professional development, leadership development)? What was the impact of this process?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the program? On performance assessment?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations? How were the National CLAS Standards used in this process?

It is expected that process measures will be reviewed and approved at the outset of the grant project. Additionally, progress on the performance assessment (outcome and process measures) must be reported in a quarterly report format. Instructions on a quarterly report will be provided upon award by the assigned SAMHSA Government Project Officer (GPO).

No more than 15 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 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 you must 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) etc., to document and manage participant 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.

2.5 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director) to at least one joint grantee meeting over the three-year grant period. 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 2.5 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:	\$3.8 million
Estimated Number of Awards:	15 awards
Estimated Award Amount:	Up to \$250,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$250,000 in total costs (direct and indirect) 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 domestic public and private nonprofit entities, tribal and urban Indian organizations, and/or community- and faith-based organizations that are organizations comprised of, led, and governed by people in recovery from substance use disorders. These organizations directly provide recovery support services and are eligible as Recovery Community Organizations (RCOs). RCOs are independent organizations with nonprofit status. The RCO must have a governing board comprised of at least 50 percent of people in recovery from substance use disorders (SUDs), and family members of people in recovery. Eligibility as a RCO must be assured through a signed Certificate of Eligibility (see Appendix IV). The Certificate of Eligibility certifies

that the organization is led and governed by representatives of local SUD recovery communities, and that the organization has a demonstrated history and expertise in peer-led recovery support services. **The Certificate of Eligibility must be submitted in Attachment 5 of the application or the application will be screened out and will not be reviewed.**

The primary purpose of this program is to provide addiction peer recovery support services for individuals in recovery from substance use disorders using a peer model that capitalizes on the expertise of individuals with similar lived experience to assist others in achieving and sustaining their recovery. Those with similar lived experience must be an integral part of an organization that supports individuals in achieving and sustaining their recovery. Therefore, only organizations controlled and managed by people in recovery from substance use disorders are 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 two additional requirements related to the requirements of this grant program:

- A provider organization for direct addiction peer recovery support services appropriate to the grant must be involved in the proposed project. The provider may be the applicant committed to the project. More than one provider organization may be involved; and
- Each applicant organization must have at least 2 years' experience (as of the due date of the application) providing peer recovery support services or other relevant services engaging the recovery community in the design and delivery of peer recovery support services in the geographic area(s) covered by the application.

You must complete the Certificate of Eligibility in Appendix IV attesting to your eligibility as an RCO and include it in Attachment 5 of your application or the application will be screened out and will not be reviewed.

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 III](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix III](#). 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 pages. (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.) .
- **Attachments 1 through 5** – 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, 4, and 5 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 abuse treatment/recovery 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/recovery or prevention service provider organization; and (3) letters of commitment from these direct service provider organizations. **(Do not include any letters of support. Reviewers will not consider them if you do.)**

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
- **Attachment 5:** Certificate of Eligibility (see Appendix IV of this document). **If you do not include a Certificate of Eligibility in Attachment 5 of your application, the application will be screened out and will not be reviewed.**

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **February 15, 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.
- No more than 15 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.

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 must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section 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. Identify your population(s) of focus. Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. 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 identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

3. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.
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 your organization's capacity to provide peer recovery support services to the population of focus, promote recovery in the local community, and contribute to continuing recovery of those served. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

Section B: Proposed Evidence-Based/Promising Practice (15 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section E: Data Collection and Performance Measurement](#).
2. Describe how the Evidence-Based/Promising Practice chosen will be used as a non-clinical, peer-delivered recovery support. Non-clinical recovery supports are defined as services and supports that assist in removing barriers and providing resources to those contemplating, initiating, and maintaining recovery from substance use conditions. Describe the Promising/ Evidence-Based Practice(s) that will be used, and document how each practice chosen is appropriate for the outcomes you plan to achieve. 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.
3. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.

Section C: Proposed Implementation Approach (30 points)

1. Provide a chart or graph depicting a realistic time line for the entire three years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section 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 4 months 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 **Required** Activities will be implemented. Describe **Allowable** Activities to be included in the project and provide a rationale as to how these activities were chosen and will be integrated.

3. Describe how the proposed activities (required and allowable) provide a comprehensive peer recovery support program that supports SAMHSA's Recovery Support Strategic initiative, and includes the domains of health, home, purpose, and community (see <http://www.samhsa.gov/recovery>).
4. 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).
5. Describe how all aspects of your proposed approach will utilize a peer-to-peer model to ensure that those with lived experience of addiction recovery are developing, designing, and providing services.
6. 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.
7. 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. 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 (20 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 – including their lived experience with addiction recovery – 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 that individuals in, or seeking recovery, and their families will be engaged in assessing, planning, and implementing your project.
6. Describe how you will recruit, train, and supervise peer workers and how you will provide opportunities for peer leadership development in order to promote a qualified peer workforce.

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-2.2 of this FOA.
2. Describe your specific plan for:
 - data collection,
 - management,
 - analysis, and
 - reporting.
 - Specify and justify any additional measures or instruments you plan to use for your grant project

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-2.3](#) 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 III - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix III](#). 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 II 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-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be required to submit programmatic reports quarterly.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act requires the development and maintenance of an information system that contains specific information on the integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from the Entity Management section of SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS.

SAMHSA will provide additional information as it becomes available. Please refer to the FAPIIS website for additional information at <https://www.fapiis.gov/fapiis/index.action>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Marsha Baker
Center for Substance Abuse Treatment
Division of Services Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1124
Rockville, Maryland 20857
240-276-1566
marsha.baker@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 – 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 abusers, 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 of 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 III – Sample Budget and Justification (no match required)

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

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

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

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

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

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

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

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

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

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

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

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

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

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

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

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

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

FEDERAL REQUEST

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

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

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

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

- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

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

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

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

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

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

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

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

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

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

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

=====

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization’s personnel policy and procedures that state all employees within the organization will receive a COLA.

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

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

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

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

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure 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 IV – Certificate of Eligibility as a Recovery Community Organization

You must complete the certificate below and include it in Attachment 5 of the application or your application will be screened out and will not be reviewed.

_____ is applying as a qualifying Recovery

(Name of Applicant Organization)

Community Organization (RCO).

_____ is an independent nonprofit organization that is

Name of Applicant Organization

led and governed by representatives of local communities of recovery from substance use disorders. We have a governing board composition of at least 50 percent of people in recovery from substance use disorders (SUDs), and family members of people in recovery. We have a demonstrated history and expertise for a minimum of 2 years as of the due date of the application in providing peer-led recovery support services.

Signature

President, Board of Directors

Date

Signature

Executive Director

Date