

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

**Targeted Capacity Expansion HIV: Substance Use Disorder
Treatment for Racial/Ethnic Minority Women at High-Risk for
HIV/AIDS**

(Short Title: TCE-HIV: Minority Women)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-011

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 April 29, 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, Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2016 Targeted Capacity Expansion HIV: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High-Risk for HIV/AIDS (TCE-HIV: Minority Women) grants. The purpose of this program is to expand substance use disorder (SUD) treatment, behavioral health, and HIV/AIDS services for high risk women of African American, Hispanic/Latina, and other racial/ethnic minority groups (ages 18 years and older), including heterosexual, lesbian, bisexual, transgender, previously incarcerated women, and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS. The grant will fund programs that provide integrated services of behavioral health treatment and HIV medical care. This program is primarily intended for substance use disorder treatment programs to integrate HIV services. The goals of this program are to: (1) reduce HIV infection and transmission rates among high risk women of African American, Hispanic/Latina, and other racial/ethnic minority groups (ages 18 years and older), including reducing alcohol, marijuana, cocaine, heroin, injecting drug use (IDU), and prescription drug misuse; (2) address the impact of violence and trauma on women's increased risk of SUD and HIV infection; (3) increase access to culturally-appropriate, women- and family-centered, trauma-informed substance use disorder/co-occurring substance use and mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; (4) educate and empower women, including African American, Hispanic/Latina, and other racial/ethnic minority women to increase their awareness of safer sex practices (e.g., condom use) and make informed decisions about their behavioral health, including trauma-related risk behaviors; and (5) implement evidence-based interventions.

Funding Opportunity Title:	Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE-HIV: Minority Women)
Funding Opportunity Number:	TI-16-011
Due Date for Applications:	April 29, 2016
Anticipated Total Available Funding:	\$11,120,800
Estimated Number of Awards:	22
Estimated Award Amount:	Up to \$500,000 per year

Cost Sharing/Match Required	No
Length of Project Period:	Up to three years
Eligible Applicants:	<p>Eligibility is restricted to domestic nonprofit, community-based organizations, tribes and tribal organizations. For example: community- and faith-based organizations; federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; Urban Indian organizations; hospitals; federally qualified health centers (FQHCs) and FQHC look-a-likes, and public or private universities and colleges are eligible to apply. States and local governments are not eligible to apply.</p> <p>Current SAMHSA-funded TCE-HIV grantees awarded under the FY 2015 TCE-HIV: High Risk Populations program (TI-15-006) are not eligible to apply.</p> <p>[See <u>Section III-1</u> of this FOA for complete eligibility information.]</p>

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

PLEASE NOTE: THIS PROGRAM IS PART OF THE FIRST RELEASE FOR SAMHSA'S NEW GRANT SYSTEM. APPLICATIONS WILL BE HANDLED THROUGH A NEW SYSTEM WHICH ENTAILS DIFFERENT REQUIREMENTS THAN PREVIOUSLY USED FOR SAMHSA APPLICATION SUBMISSION. PLEASE BE SURE TO READ PART II OF THIS FOA VERY CAREFULLY TO UNDERSTAND ALL APPLICATION SUBMISSION REQUIREMENTS. PLEASE ENSURE YOU HAVE LEFT ENOUGH TIME TO MEET ALL APPLICATION SUBMISSION REQUIREMENTS. APPLICANTS WILL NEED TO ENSURE CERTAIN REGISTRATIONS ARE DONE WELL IN ADVANCE OF THE APPLICATION DUE DATE, SO APPLICANTS ARE ENCOURAGED TO CHECK REQUIREMENTS AS SOON AS POSSIBLE.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2016 Targeted Capacity Expansion HIV: Substance Use Disorder Treatment for Racial/Ethnic Minority Women at High-Risk for HIV/AIDS (TCE-HIV: Minority Women) grants. The purpose of this program is to expand substance use disorder (SUD) treatment, behavioral health, and HIV/AIDS services for high risk women of African American, Hispanic/Latina, and other racial/ethnic minority groups (ages 18 years and older), including heterosexual, lesbian, bisexual, transgender, previously incarcerated women, and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS. The grant will fund programs that provide integrated services of behavioral health treatment and HIV medical care. The program is primarily intended for substance use disorder treatment programs to integrate HIV services. The goals of this program are to: (1) reduce HIV infection and transmission rates among high risk women, of African American, Hispanic/Latina, and other racial/ethnic minority groups (ages 18 years and older), including reducing alcohol, marijuana, cocaine, heroin, injecting drug use (IDU), and prescription drug misuse; (2) address the impact of violence and trauma on women's increased risk of SUD and HIV infection; (3) increase access to culturally-appropriate, women- and family-centered, trauma-informed substance use disorder/co-occurring substance use and mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; (4) educate and empower women, including African American, Hispanic/Latina, and other racial/ethnic minority women to increase their awareness of safer sex practices (e.g., condom use) and make informed decisions about their behavioral health, including trauma-related risk behaviors; and (5) implement evidence-based interventions.

The TCE-Minority Women grant 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.)**

This funding opportunity supports the Congressional Minority AIDS Initiative, which was developed to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS, and to reduce HIV-related health disparities. The program also supports the goals of the [National HIV/AIDS Strategy](#) and SAMHSA's Strategic Initiative: Health Care and Health Systems Integration. For more information on SAMHSA's six strategic initiatives visit <http://www.samhsa.gov/about-us/strategic-initiatives>.

The National Institute on Drug Abuse (NIDA) Research Report indicates that the interactions of drug use and HIV/AIDS extend far beyond injection drug use. The report has three key findings: 1) drug use impairs judgment and good decision making, leaving people prone to engage in HIV risk behaviors, including risky sexual behavior and non-adherence to HIV treatment; 2) drug use adversely affects health and may exacerbate disease progression; and 3) because of these linkages, drug use disorder treatment *is* HIV prevention. (View the Report at <https://www.drugabuse.gov/sites/default/files/rrhiv.pdf>)

According to the National Survey on Drug Use and Health (NSDUH) data collected between 2009 to 2013¹, about one in seven individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (13.52 percent), slightly more than two thirds had used an illicit drug but not intravenously (67.45 percent), and 19.02 percent had never used an illicit drug. Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (22.96 percent).

This program also aligns with the goals of the HHS Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis² which addresses the need for reducing viral hepatitis related to improper and/or illicit drug use behavior.

HIV-infected persons and intravenous drug users (IDUs) are disproportionately affected by viral hepatitis and related adverse health conditions. Grantees will be required to integrate their efforts to reduce the rate of HIV with activities to prevent new viral hepatitis infections, identify hepatitis-infected persons via testing, and improve referrals

¹ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2013: Special unpublished tabulation.

² Combating the Silent epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis. http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

and linkages to care and treatment. Grantees must make every attempt to identify persons infected with viral hepatitis early in the course of the disease. All clients who are considered to be at risk for viral hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B³ and hepatitis C^{4,5} screening, must be tested for viral hepatitis (B and C). All clients testing positive for viral hepatitis (B or C) must be referred for medical care and treatment.

Applicants are encouraged to use a trauma-informed approach following SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (<http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>).

The TCE- HIV: Minority Women program 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-HIV: Minority Women 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 expects grantees to engage the population of focus and link them to appropriate community-based behavioral health services/systems including primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), primary health care, and other recovery support services.

³ *Final Recommendation Statement: Hepatitis B Virus Infection: Screening, 2014a*. U.S. Preventive Services Task Force. October 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014>

⁴ *Final Recommendation Statement: Hepatitis C: Screening*. U.S. Preventive Services Task Force. December 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening>

⁵ *Final Recommendation Statement: Hepatitis B in Pregnant Women: Screening*. U.S. Preventive Services Task Force. October 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening>

For the purposes of this FOA, appropriate behavioral health services include engagement services (e.g., outreach, assessment, service planning); outpatient treatment services; intensive outpatient treatment services; substance use or mental disorders residential treatment services; medication-assisted treatment (MAT); community support services such as case management (e.g., assessment, planning, linking, monitoring, and advocacy), and peer and other recovery support services <http://www.samhsa.gov/recovery>.

Using data from the local health department, Ryan White, Health Resources and Services Administration (HRSA), and/or hospital data, etc., all applicants must provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment, and trauma-informed care in their community, that the population of focus is highly impacted by HIV/AIDS as stated in CDC's "HIV Surveillance in Women⁶" report, and that they will primarily serve African American, Hispanic/Latina, and other racial/ethnic minority women.

It is expected that the key staff will contribute to the programmatic development or execution of your project in a substantive and measurable way. The key staff for this program will be the Project Director, Program Coordinator/Manager (person responsible for the day to day oversight of the project), and the Program Evaluator.

Required Activities:

Applicants must use SAMHSA grant funds to support the following direct services:

SUD/Co-Occurring Disorders Treatment Services:

- Applicants must propose to **expand** substance use and/or co-occurring substance use and mental disorders treatment, and peer and other recovery support services, and/or to **enhance** substance use and/or co-occurring substance use and mental disorders treatment, and peer and other recovery support services. Applicants must demonstrate that service providers have the necessary cultural, gender, and sexual orientation competencies to serve the proposed population(s) by providing clear examples of previous work with the population(s) of focus.
 - **Service Expansion:** Applicants may propose to **increase access and availability of services to a larger number of clients as a result of the award**. For example, if a treatment organization currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these

⁶ Centers for Disease Control and Prevention/ Divisions of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "HIV Surveillance in Women." 2015. <http://www.cdc.gov/HIV/library/slidesets/index.html>

persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. Applicants must state clearly the number of additional clients to be served during each year of the proposed grant.

- **Service Enhancement:** Applicants may propose to improve **the quality and/or intensity of services**, for instance, by adding evidence-based practices or approaches to treatment, or adding a new service to address emerging trends or unmet needs. For example, a treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program. **Applicants proposing to enhance services must indicate the number of clients who will receive the new enhancement services.**
- Applicants must also screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders. [For more information on the process of selecting screening instruments to identify co-occurring mental and substance use disorders, go to www.samhsa.gov/co-occurring/].
- Applicants must screen clients for trauma using one of the six screening tools recommended by the U.S. Public Health Task Force.
- Applicants must also ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.

Applicants must also develop linkages/partnerships, as evidenced by:

- Memoranda of agreement (MOUs) or contracts with community-based organizations with experience in providing other services not provided by the grantee necessary for optimizing health outcomes for clients. Applicants must specify the roles of collaborating organizations in responding to the targeted need. Memoranda of agreement and contracts must specify the terms and conditions of the services to be provided, including the level and intensity of these services. A list of participating and coordinating organizations and the services they will provide must be included in **Attachment 1**.

HIV Testing and Case Management Services:

- All clients and their drug-using and /or sexual partners must be offered HIV rapid preliminary antibody testing at enrollment, including rapid fourth-generation HIV

diagnostic testing. Quality assurance measures must be developed and implemented to appropriately conduct HIV testing.

- Clients who test positive for HIV must be provided or linked to confirmatory testing, with follow-up by the grantee on the client's HIV status, as appropriate (clinician, case manager, etc.). Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.
- All grantees must provide on-site HIV testing in accordance with state and local requirements, including linking clients who request to be tested offsite to facilities that are certified by the local health department. The cost of HIV test kits, test controls, other supplies (e.g., gloves, biohazardous waste containers, etc.), staff time, and training must be incorporated into the grant application budget.
- Applicants must develop a plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result as described in Section C of the Project Narrative. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized service plan.
- Grantees must develop Memoranda of Understanding (MOUs) with primary HIV care providers to strengthen integration of care through case management and include these MOUs in **Attachment 1** of the application.

Grantees will be required to report the number of HIV test kits and counseling sessions purchased with SAMHSA grant funds; data on rapid HIV and confirmatory test results; as well as risk behaviors and other data that may be required by SAMHSA. When necessary, grantees will be expected to work with providers with whom they have linkages/partnerships or to whom they make referrals in order to gather this data.

Viral Hepatitis Testing and Referral:

- All clients who are considered to be at risk for viral hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B⁷ and hepatitis C^{8,9} screening, must be tested for

⁷ *Final Recommendation Statement: Hepatitis B Virus Infection: Screening, 2014a.* U.S. Preventive Services Task Force. October 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014>

⁸ *Final Recommendation Statement: Hepatitis C: Screening.* U.S. Preventive Services Task Force. December 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-c-screening>

viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **Exactly five percent (e.g., \$25,000)** of grant funds **must** be used for the following hepatitis testing and services (based on risk and the United States Preventive Services Task Force guidelines):

- Viral hepatitis B and C (antibody and confirmatory) testing;
 - Viral hepatitis A and B vaccination;
 - Purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and
 - Training for staff related to viral hepatitis (B and C) testing.
- Applicants must provide a plan for providing referrals and linkages to follow-up care and treatment for all individuals infected with viral hepatitis (B or C) in Section C of the Project Narrative. Memoranda of Agreement demonstrating that you have partnerships and linkages with appropriate treatment providers must be included in **Attachment 1** of your application.
 - Grantees will be required to report to SAMHSA on the number of viral hepatitis test kits purchased with SAMHSA grant funds; the number of positive tests; and data on referrals and linkages to follow-up care. When necessary, grantees will be expected to work with providers with whom they have linkages/partnerships or to whom they make referrals. Applicants must use grant funds to support the following direct services: SUD and co-occurring substance use and mental disorders treatment; HIV testing and case management services; hepatitis testing (B, C [antibody confirmatory]), hepatitis A and B vaccination (Twinrix) and linkage to treatment; education and referral for the use of PrEP and PEP; referral for Medicare/Medicaid and Affordable Care Act enrollment; use of one of the six screening tools for trauma recommended by the US Public Health Task Force; and use of evidence-based practices. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.
 - Grantees will be required to report on HIV and hepatitis using the new Rapid HIV and Hepatitis Testing (RHHT) form.

⁹ *Final Recommendation Statement: Hepatitis B in Pregnant Women: Screening*. U.S. Preventive Services Task Force. October 2014.
<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening>

Allowable Activities:

Other allowable activities include but are not limited to the following:

- Medication Assisted Treatment (MAT) is an evidence-based substance abuse treatment therapy. SAMHSA supports the right of individuals with an opioid or alcohol use disorder to be given access to MAT as appropriate under the care of a physician. Recognizing that MAT may be an important part of a comprehensive treatment plan, SAMHSA grantees may use up to **5 percent** of the annual grant award to pay for FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium) as part of a comprehensive treatment plan when the client has no other source of funds to do so.
 - If a client presents with an opioid use disorder, the grantee may offer appropriate MAT services or make appropriate referrals. If a client is on or has been prescribed a medication for the treatment of an opioid use disorder when they enter the program, they must be allowed to continue on that treatment.
 - Applicants must affirm in the Statement of Assurance in Appendix II, that the TCE-HIV project for which funds are sought will not deny appropriate and eligible clients access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted. Similarly, medications available by prescription must be permitted under the following conditions:
 - the client is receiving those medications as part of treatment for a diagnosed substance use disorder
 - a licensed clinician, acting within their scope of practice, has examined the client and determined that the medication is an appropriate treatment for their substance use disorder

- the medication was appropriately authorized through prescription by a licensed prescriber.
- In all cases, medication assisted treatment (MAT) must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. This Assurance must be included in Attachment I of the application.

Applicants 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.

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, 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. Grantees are required to report on the number of clients enrolled in Medicare/Medicaid or other health insurance.

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 peer and other 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 domains of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including peers with and people in recovery with lived experience, including youth and family members) in program/service planning, design, development, implementation, and evaluation. Please visit SAMHSA's website for information on PRSS at: <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf> and information on peer core competencies at: <http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers>.

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 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 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.

2.2 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:

- **Outcomes Measures**
 - Decrease in substance use
 - Increase in access to care and improved health outcomes including people living with HIV/AIDS
 - Decrease in trauma risk and intimate partner violence (IPV) or violence risk
 - Decrease in hepatitis risk and sexually transmitted infection risk
 - # of prevented new HIV infections
 - HIV Care Continuum
 - Increase the of # clients diagnosed

- Increase the of # clients linked to care within 30 days
 - Increase the of # clients engaged in care
 - Increase the of # clients prescribed ART
 - Increase the of # clients virally suppressed
- Decrease in unprotected sex (also includes w/an individual who is HIV+ or has AIDS and w/an individual who is intoxicated)
- **Process Measures**
 - 80% SUD intake, follow-up, and discharge
 - 80% co-occurring disorder treatment intake, follow-up, and discharge
 - 80% client-facing staff are trained in SAMHSA's trauma informed approach
 - 90% clients screen-detected for IPV are referred to support services
 - 90% of all persons diagnosed with HIV should be linked to HIV medical care within 30 days
 - 90% staff are IPV trained and are knowledgeable of area support services
 - 80% client-facing staff are knowledgeable of PrEP, nPEP, and STI testing and area support services
 - 80% client-facing staff are knowledgeable of syringe exchange program and related services
 - HIV/SUD client number match rate meets/exceeds 90%
 - HIV admission (completed in less than 7 days) rate meets/exceeds 90%
 - Referral initiation (80%), appointment confirmation/compliance (75%), counter-referral compliance (75%)
 - HHS Core Indicators

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-gpra.samhsa.gov> (click 'Click Here to Enter SAIS', then click on 'Data Collection Tools/Instructions', and then click 'Services'), along with instructions for completing it. Data will be 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 patients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. In addition to these measures, grantees will be expected to report biannually on their progress and performance on achieving the goals and objectives of the grant project.

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 as part of SAMHSA's Congressional Justification.

Grantees also will be required to report on HIV and hepatitis using the new Rapid HIV and Hepatitis Testing (RHHT) form.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. Using a prescribed reporting template (Bi-Annual Report Template), grantees will be required to submit a performance assessment report to include progress achieved, barriers encountered, and efforts to overcome these barriers at least biannually. 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?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure 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?

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-2.2 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/enhancement 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.

2.5 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 2017 and 2019. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$11,120,800
Estimated Number of Awards:	Up to 22 awards
Estimated Award Amount:	Up to \$500,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$500,000 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.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is restricted to domestic nonprofit, community-based organizations, tribes and tribal organizations. For example:

- Community- and faith-based organizations;
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations;
- Urban Indian organizations;
- Hospitals;

- Federally qualified health centers (FQHCs) and FQHC look-a-likes, and;
- Public or private universities and colleges.

Tribal organization means the 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.

SAMHSA believes that in order to achieve the goals of this program to enhance infrastructure and capacity to improve the community's response to HIV/AIDS by increasing access to care and services to high risk women including African American, Hispanic/Latina and other racial/ethnic minority women at high risk for or living with HIV/AIDS, grant funds must go directly to community-based organizations, tribes and tribal organizations, and other eligible applicants listed above. Locally-based organizations operating and providing services in areas traditionally underserved by governmental services have a proven track record of reaching minority populations and dealing with sensitive identity issues, such as HIV status and perceived sexual orientation. Local organizations are also more likely to be managed by minorities living in the areas that have been targeted for this funding announcement. These organizations will be more predisposed to employ community residents and be staffed by peers of the clients seeking services. In addition, local organizations will have more representation on their Board of Directors and Community Advisory Councils of community leaders, both private and public. Therefore, state and local governments are not eligible to apply.

Current SAMHSA-funded TCE-HIV grantees awarded under the FY 2015 TCE-HIV: High Risk Populations program (TI-15-006) 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 substance use and co-occurring disorder treatment 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 substance use and co-occurring disorder treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each substance use and co-occurring 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 abuse 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 additional documentation (see Appendix II, Statement of Assurance) be sent by email, or to verify that the documentation you submitted is complete.

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 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.)
- 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, and the services to be provided by each; (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.)** (4) 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; and that appropriate and eligible clients will not be denied access to the program because of their use of FDA-approved medications for the treatment of substance abuse disorders; and in all cases, MAT must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial; and (5) MOUs with primary HIV care providers and other participating treatment providers.

- **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. Please provide a copy or link specifying which screening tool you propose to use to screen clients for trauma.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C –Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 29, 2016**.

PLEASE BE SURE TO READ PART II OF THIS FOA VERY CAREFULLY TO UNDERSTAND THE REQUIREMENTS FOR SAMHSA'S NEW GRANT SYSTEM. APPLICANTS WILL NEED TO ENSURE CERTAIN REGISTRATIONS ARE DONE WELL IN ADVANCE OF THE APPLICATION DUE DATE, SO APPLICANTS ARE ENCOURAGED TO CHECK REQUIREMENTS AS SOON AS POSSIBLE.

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 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.
- Up to 5 percent of the total grant award may be used to pay for FDA-approved medication as part of MAT (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral

formulations, disulfiram, and acamprosate calcium, etc.) as part of a comprehensive treatment plan when the client has no other source of funds to do so.

- Exactly five percent of grant funds must be used for the following hepatitis testing and services (based on risk and the United States Preventive Services Task Force guidelines): viral hepatitis B and C (antibody and confirmatory) testing; viral hepatitis A and B vaccination; purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and training for staff related to viral hepatitis (B and C) testing.

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. Provide evidence of the need for the provision of substance use and/or co-occurring substance use and mental disorders treatment, and trauma-informed care in their community, that the population of focus is highly impacted by HIV/AIDS as indicated in [Section I-2: Expectations](#).
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. 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.
5. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

Section B: Proposed Evidence-Based Service/Practice (25 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 the Evidence-Based Practice(s) (EBPs) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.

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 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 the key activities in your timeline will be implemented.
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. Specifically describe how these activities will address each element you selected.
4. 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.
5. 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).
6. Describe the process for the following:

- a. Providing onsite HIV rapid preliminary antibody testing to all clients at enrollment, as well as the referral process to appropriate confirmatory testing for those clients who test positive.
 - b. Providing case management services to all clients who have a preliminary positive HIV and confirmatory HIV test result. The process of case management includes comprehensive assessment of the client's needs and development of individualized substance use disorder treatment and HIV service plans.
 - c. Providing onsite, viral hepatitis (B and C) testing or referrals for testing for all clients who are considered to be at risk and in accordance with state and local requirements and CDC recommendations.
 - d. Providing referrals to treatment for all clients testing positive for viral hepatitis (B or C).
7. Applicants must also ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers. Applicants must screen clients for trauma using one of the six screening tools recommended by the U.S. Public Health Task Force.
 8. 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 and/or MOUs (as applicable) from each partner in **Attachment 1** of the application.
 9. Identify whether you are planning to expand and/or enhance services as outlined in [Section I-2: Expectations](#). Provide the number of additional clients to be served by the service expansion or enhancement.
 10. 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.
 11. 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; 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. Applicants must demonstrate that service providers have the necessary cultural, gender, and sexual orientation competencies to serve the proposed population(s) by providing clear examples of previous work with 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 has 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 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-2.2 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 measurable 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 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-2.2](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees for this project will be asked to submit reports at least biannually.

VII. AGENCY CONTACTS

For questions about program issues contact: For questions on grants management and budget issues contact:

Andrea M. Harris, MS, LCADC, CPP
Center of Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
240-276-2441
Andrea.harris@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
(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 abuse 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 abuse 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.¹⁰ (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 abuse 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.
- TCE-HIV project for which funds are sought will not deny appropriate and eligible clients access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and

¹⁰ Tribes and tribal organizations are exempt from these requirements.

buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted.

Signature of Authorized Representative

Date

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 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 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 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

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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 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