

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

**Statewide Peer Networks for Recovery and Resiliency
(Short Title: Statewide Peer Networks for R&R)**

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-012

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 June 21, 2016.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Table of Contents

EXECUTIVE SUMMARY	3
I. FUNDING OPPORTUNITY DESCRIPTION.....	5
1. PURPOSE.....	5
2. EXPECTATIONS	5
II. AWARD INFORMATION.....	11
III. ELIGIBILITY INFORMATION	12
1. ELIGIBLE APPLICANTS.....	12
2. COST SHARING and MATCH REQUIREMENTS	12
IV. APPLICATION AND SUBMISSION INFORMATION.....	12
1. ADDITIONAL REQUIRED APPLICATION COMPONENTS.....	12
2. APPLICATION SUBMISSION REQUIREMENTS	14
3. FUNDING LIMITATIONS/RESTRICTIONS.....	14
V. APPLICATION REVIEW INFORMATION	14
1. EVALUATION CRITERIA.....	14
2. REVIEW AND SELECTION PROCESS.....	19
VI. ADMINISTRATION INFORMATION	19
1. REPORTING REQUIREMENTS.....	19
VII. AGENCY CONTACTS	19
Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines	21
Appendix II – Sample Budget and Justification	25
Appendix III – Sample Memorandum of Agreement.....	35

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), and Center for Mental Health Services (CMHS), are accepting applications for fiscal year (FY) 2016 Statewide Peer Networks for Recovery and Resiliency (Short Title: Statewide Peer Networks for R&R) grants. The purpose of this jointly-funded grant program is to provide a one-year developmental period to promote cross-system collaboration, expand the peer workforce, build infrastructure, and enhance capacity among currently funded SAMHSA Recovery Community Services Program - Statewide Networks (RCSP-SNs), currently or formerly funded Statewide Consumer Networks (SCNs), and currently or formerly funded Statewide Family Networks (SFNs). These networks will work together to enhance and promote cross-service systems, expand the peer workforce, and develop infrastructure that is recovery and resiliency-oriented, as well as focused on implementation, planning, and sustainability.

Funding Opportunity Title:	Statewide Peer Networks for Recovery and Resiliency (Short Title: Statewide Peer Networks for R&R)
Funding Opportunity Number:	TI-16-012
Due Date for Applications:	June 21, 2016
Anticipated Total Available Funding:	\$800,000 (\$400,000 CSAT and \$400,000 CMHS)
Estimated Number of Awards:	Up to eight (8)
Estimated Award Amount:	Up to \$100,000 (Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if an applicant requests less than the maximum award amount.)
Cost Sharing/Match Required	No
Length of Project Period:	One (1) year

Eligible Applicants:	<p>Current CSAT-funded Recovery Community Services Program - Statewide Networks (RCSP-SNs), currently or formerly funded Statewide Consumer Networks (SCNs), and currently or formerly funded Statewide Family Networks (SFNs) in the 10 states in which there is an RCSP-SN grantee.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>
-----------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), and Center for Mental Health Services (CMHS), are accepting applications for fiscal year (FY) 2016 Statewide Peer Networks for Recovery and Resiliency (Short Title: Statewide Peer Networks for R&R) grants. The purpose of this jointly-funded grant program (CSAT and CMHS) is to provide a one-year developmental period to promote cross-system collaboration, expand the peer workforce, build infrastructure, and enhance capacity among currently funded SAMHSA Recovery Community Services Program - Statewide Networks (RCSP-SNs), currently or formerly funded Statewide Consumer Networks (SCNs), and currently or formerly funded Statewide Family Networks (SFNs). These networks will work together to enhance and promote cross-service systems, expand the peer workforce, and develop infrastructure that is recovery- and resiliency-oriented, as well as focused on implementation, planning, and sustainability.

This program builds on the FY 2015 program for RCSP-SNs, SFNs, and SCNs to develop intentional, collaborative efforts via Memoranda of Agreement (MOAs) and sharing of fiscal resources. The intent of this program is for RCSP-SN, SFN, and SCN grantees within a state to form a collaboration that will develop and/or implement a strategic plan, share resources, engage in cross-training, increase capacity to affect behavioral health systems change at the state and local levels, and improve behavioral health outcomes for people in recovery from substance use disorders (SUDs), children and youth with serious emotional disturbances (SEDs) and their families, and adult consumers with serious mental illness (SMI).

Statewide Peer Networks for R&R are authorized under Sections 509 and 520A of the Public Health Service Act, as amended.

This announcement addresses Healthy People 2020 Substance Abuse Topic Areas HP 2020-SA and Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

The goals of the Statewide Peer Networks for R&R program are to: (1) foster meaningful collaborations and partnering opportunities among all statewide network partners; (2) initiate and expand collaboratives with statewide impact and represent the voices of mental health consumers, family members, youth, and people in recovery from SUDs; (3) engage in strategic planning and ongoing needs assessment to identify system strengths and gaps for promoting peer and family voice, recovery, and resiliency; (4) enhance state and service system capacity to be oriented to the needs

of mental health consumers, including people with SMI (e.g., schizophrenia, bipolar disorder, major depressive disorder), the addiction recovery community, and children and youth with SED and their families; and (5) effectively participate in state and local behavioral health services (including adult and children's mental health, substance use disorders, and allied services) planning and health care activities related to improving community-based services and supports, including access, for people in recovery from SUDs, children and youth with SED and their families, and adult/consumers with SMI.

It is expected that the key staff will contribute to the programmatic development or execution of your project in a substantive, measurable way. The key staff for this program will be the Project Director from the lead Network grant, and Project Director(s) from the partnering SAMHSA-funded networks identified in the grant.

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

SAMHSA's standard, unified working definition 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 Required Activities

This program promotes the development of self-sufficient and empowered networks that focus on recovery and resiliency and foster the growth of communities of recovery. Statewide Peer Networks for R&R grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Address gaps in behavioral health policy, planning, and services as identified by people in recovery, youth, family members of children and youth with SED, and adult consumers with SMI across the state by sharing information, and engaging in a strategic planning/implementation process to promote recovery throughout local and state behavioral health treatment and allied health systems.
- Promote coalition-building among RCSP-SNs, SFNs, and SCNs to meet the changing environment for behavioral health in their state, such as the integration of primary and behavioral health care, peer workforce development, and reimbursable peer support.
- Develop and/or implement a strategic plan to identify potential areas of refinement and enhancement.
- Collaborate on major issues of concern and participate in policy, planning, and program development discussions at the state, community, and local levels to ensure the inclusion of people in recovery from SUDs, children and youth with SED and their families, and adult consumers with SMI.
- Participate in state and local behavioral health services (including mental health, SUDs, and allied services) planning, and health care activities related to improving community-based services and supports for people in recovery from SUDs, children and youth with SED and their families, and adult consumers with SMI.

Applicants are especially encouraged to utilize training, network development, organizational and community readiness, and policy development to support best practices to achieve program goals.

Applicants that received funding in the FY 2015 Statewide Peer Networks for R&R grant cohort will be expected to update their existing strategic plan for sustaining efforts and to include the above-mentioned activities. Applicants must ensure that activities are not duplicative of those funded by SAMHSA through their respective RCSP-SN, SCN, and SFN grant awards. Also, applicants will need to demonstrate how the proposed activities will build upon previous work and further expand their existing strategic plan.

Applicants are required to submit a Memorandum of Agreement (MOA). The MOA must be signed by all partnering organizations (e.g., current SAMHSA-funded RCSP-

SN, SCN, and SFN grantees and/or formerly funded SCN or SFN grantees) that reflect their agreement to collaborate. At a minimum, the MOA must:

- describe how the partnering organizations worked collaboratively in developing the proposed project;
- identify the RCSP-SN and Statewide Network grantee(s) involved (i.e., SFN and SCN);
- describe the specific roles and responsibilities of each party;
- include a summary of the essential terms of the agreement;
- identify how the budget will reflect meaningful collaboration and participation by the three partnering organizations; and
- be signed and dated by the Executive Directors and Board of Directors' Presidents of each of the present and former SAMHSA grantees involved.

The signed MOA must be included in Attachment 1 of your application. Applications that do not include a signed MOA will be screened out and will not be reviewed. (See [Appendix III – Sample Memorandum of Agreement](#).) Terms of the MOA must also be reflected within the applicant's budget.

2.2 Other Allowable Activities

- Peer workforce development (e.g., training, peer core competency integration, credentialing, or accreditation);
- Public education and awareness efforts to improve behavioral health literacy and reduce negative attitudes related to mental illness and addiction; and
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements).¹

¹ For purposes of this FOA, "policy" refers to programs and guidelines adopted and implemented by institutions, organizations, and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before Congress or any state government, state legislature, or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental grantees, certain activities falling within the normal and recognized executive/legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on measures connected to the activities proposed by the applicant under Sections 2.1 and 2.2. The final measures to be collected will be negotiated between the grantee and the project officer and will be selected from the following list:

- The number of organizations or communities implementing mental health and addiction recovery-related training programs as a result of the grant.
 - The number of people in the mental health, SUD, and related workforce trained in specific mental health- and addiction recovery-related practices/activities as a result of the grant.
 - The number of people in recovery from mental illness and SUD, and family members newly credentialed/certified to provide mental health- and addiction recovery-related practices/activities that are consistent with the goals of the grant.
 - The number of people in recovery from mental illness and SUD, and family members of children with SED and youth who provide mental health- and addiction recovery-related services as a result of the grant.
 - The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
 - The number and percentage of work group/advisory group/council members who are people in recovery from mental illness and SUD, family members, and youth.
 - The number of people in recovery from mental illness and SUD, and family members, and youth and young adults (ages 18-26) representing peer-run and family run organizations who are involved in on-going mental health and SUD recovery/resiliency-related planning and promotion activities as a result of the grant.
 - The number of people in recovery from mental illness and SUD, and family
-

and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

members and youth who are involved in mental health and SUD recovery/resiliency-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.

- The number of individuals exposed to mental health and SUD awareness messages.

This information will be gathered using a uniform data collection tool provided by SAMHSA and entered into SAMHSA's data-entry reporting system; access will be provided upon award. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <https://www.cmhs-gpra.samhsa.gov>. Data are to be collected quarterly after entry of annual goals. Training and technical assistance on the use of the data collection system will be provided.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.4 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. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least quarterly. The performance assessment report must be included in quarterly reports. At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What are the influences of collaboration among networks on the inclusion of the voice of individuals and families in recovery at state and local levels?
- How durable were the effects?

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 the use of 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)?

No more than 15 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above. Be sure to include these costs in your proposed budget (see Appendix II).

2.5 Grantee Meetings

Grantees must plan to attend one virtual grantee meeting. Attendance is mandatory for Project Directors of all the networks identified in the grant, at a minimum. The meeting will occur in 2017 and will be 1.5 days. At this meeting, grantees will present the results of their projects and federal staff will provide technical assistance.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$800,000 (\$400,000 CSAT and \$400,000 CMHS)
Estimated Number of Awards:	Up to eight (8)
Estimated Award Amount:	Up to \$100,000 (Each grant award will consist of 50 percent CSAT funds and 50 percent CMHS funds, even if an applicant requests less than the maximum award amount.)
Length of Project Period:	One (1) year

Proposed budgets cannot exceed \$100,000 in total costs (direct and indirect).

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are current SAMHSA-funded Recovery Community Services Program - Statewide Networks (RCSP-SNs), Statewide Consumer Networks (SCNs), and Statewide Family Networks (SFNs) and former SAMHSA-funded SCNs and SFNs in the 10 states where there is a RCSP-SN grantee. The ten states include: Indiana, Massachusetts, Michigan, New York, Ohio, Pennsylvania, South Carolina, Texas, Vermont, and Wisconsin. In states where there are current SAMHSA-funded networks, they must be part of the project. In states where there is not a current SAMHSA-funded SCN and/or SFN grantee, then former SAMHSA-funded SCN and/or SFN grantees must be part of the project (either lead applicant or partner). Former SAMHSA-funded SCN and/or SFN grantees must be an active network within their state and provide documentation as such in Attachment 5. Only one application may be submitted per state.

The purpose of this program is to link formal statewide substance abuse recovery networks and formal statewide networks representing mental health consumers and families to represent a single voice for behavioral health statewide. SAMHSA's current RCSP-SNs and current- and formerly-funded SFNs and SCNs have been working throughout their states to establish sustainable mechanisms that promote systems change in mental health and substance abuse recovery service delivery. Because these grantees have established networks in place in their respective domains, they are best positioned to link these networks in order to increase access to and quality of behavioral health systems, services, treatment, and recovery supports statewide. Only SAMHSA network grantees in the 10 states with a RCSP-SN award may apply because only these states have the requisite substance abuse recovery and mental health networks to link and partner.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix II](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix II](#). This will expedite review of your application.**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II – IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)
- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, 4, 5, and 6, 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: Signed Memoranda of Agreement (MOAs) from partnering SAMHSA-funded or formerly funded Statewide Networks participating in the proposed project. **These must be included in your application or the application will be screened out and will not be reviewed.** (See [Appendix III: Sample Memorandum of Agreement](#).)
 - Attachment 2: Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - Attachment 3: Sample Consent Forms.
 - Attachment 4: Letter to the Single State Agency [if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372)]

Requirements].

- Attachment 5: Documentation that the former SCN or SFN grantee is still active in the state, which may include a description of current work across the state, identification of recent or current funding sources, or memoranda of agreement for statewide activity, identification of specific outcomes for work conducted over the last three years, etc.
- Attachment 6: If applicable, a letter from the former SCN or SFN grantee signed by the President of the Board of Directors that documents they do not want to be involved in the partnership/grant.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **June 21, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

No more than 15 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out, i.e., type “A-1”, “A-2”, etc., before your response to each question.** 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: Statement of Need (15 points)

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the FOA.
3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective services and systems, including access, that are recovery-focused and inclusive of people in recovery from SUDs, children and youth with SED and their families, and adult consumers with SMI (e.g., schizophrenia, bipolar disorder, major depressive disorder) in the proposed catchment area that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including a clear statement of its goals and measureable objectives. These must relate to the intent of the FOA

and performance measures you identify in Section D: Data Collection and Performance Measurement.

2. If you received a FY 2015 Statewide Peer Networks for R&R grant, describe how activities from Section I-2.1 of this FOA will build on previous work to meet the goals and objectives of this project, and not duplicate activities funded under the previous RCSP-SN, SCN, or SFN grant. If you are not a FY 2015 Statewide Peer Networks for R&R grantee, state so in your response.
3. Describe how achievement of goals will increase collaborative efforts and system capacity to support effective SUD and/or mental health services for people in recovery from SUD, children and youth with SED and their families, and adult consumers with SMI.
4. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
5. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.
6. Provide a chart or graph depicting a realistic timeline for the one (1) year grant project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
7. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
8. If you plan to include an advisory body in your project, describe its membership, roles, and functions, and frequency of meetings.
9. Identify the other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. For all eligible partnering networks, a MOA signed by all parties must be included in **Attachment 1** of your application.
10. Describe how the applicant organization and partnering Statewide Network(s) will maintain meaningful communication with and coordination between/among each other.

11. Describe how the proposed project reflects the recovery domains of health, home, purpose, and community. See <http://www.samhsa.gov/recovery>.
12. Describe how the proposed project will address the following issues in your catchment area:
 - Demographics – race, ethnicity, religion, sexual orientation, gender identity, age, geography, and socioeconomic status;
 - Language and literacy; and
 - Disability.

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

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
4. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this FOA.
2. Describe your specific plan for:
 - data collection,
 - management,
 - analysis, and
 - reporting of data for the population served by your infrastructure program.

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

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.4 of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

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

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

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

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

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

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

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

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

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

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application;
- 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-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. A programmatic quarterly report is required for this grant project.

Funds from each SAMHSA Center must be tracked separately in the recipient account system identifying funds used for different purposes under the specific funding streams. The recipient must include the amount expended for each funding stream in block 12 of the Federal Financial Report.

VII. AGENCY CONTACTS

For questions about program issues contact:

Marsha Baker
Division of Services Improvement, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(240) 276-1566
marsha.baker@samhsa.hhs.gov

Elizabeth Sweet
Child, Adolescent, Family Branch, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(240) 276-1925
Elizabeth.sweet@samhsa.hhs.gov

Mary Blake
Division of Services and Systems Improvement, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(240) 276-1747
mary.blake@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
5600 Fishers Lane
Rockville, MD 20857
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix I – 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 six elements below. 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 six 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, and children of parents with substance user disorders, pregnant women, LGBT people, 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?

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 II – Sample Budget and Justification

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

TOTAL: (sum of 6i and 6j)

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

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

*FOR REQUESTED FUTURE YEARS:

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

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

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

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

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

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750
Total Infrastructure Costs	\$6750	\$12,508	\$12,508	\$12,508	\$12,508	\$56,782

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$33,500
Fringe	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	\$12,000
Travel	\$100	\$100	\$100	\$100	\$100	\$500
Equipment	0	0	0	0	0	0
Supplies	\$750	\$750	\$750	\$750	\$750	\$3,750
Contractual	\$24,950	\$24,950	\$24,950	\$24,950	\$24,950	\$124,750
Other	0	0	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$34,300	\$34,300	\$171,500
Indirect Charges	\$698	\$698	\$698	\$698	\$698	\$3,490
Data Collection & Performance Measurement	\$34,900	\$34,900	\$34,900	\$34,900	\$34,900	\$174,500

Appendix III – Sample Memorandum of Agreement

Statewide Peer Networks for Recovery and Resiliency
Program Memorandum of Agreement Between
Recovery Community Services Program Statewide
Networks And
Statewide Family
Networks And
Statewide Consumer Networks

A. PURPOSE

The purpose of the Memorandum of Agreement is to establish a shared and mutually agreed upon process and protocol among the Networks to cooperatively assist in the enhancement and promotion of cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented.

B. STATEMENT OF MUTUAL BENEFIT AND INTERESTS

Networks agree that it is to their mutual interest and benefit to support the development and sustainability of behavioral health systems that are peer-driven, youth-guided, strength-based, community-based, integrated and coordinated, culturally competent, and outcome-based. Such systems will improve outcomes which promote the creation of collaboratives that focus on the development of self-sufficient and empowered networks and foster the growth of communities of recovery. Networks agree it is to their mutual benefit to adopt a whole-person approach to address people's needs in education, employment, housing, and social and life functioning and ensuring access to appropriate treatment and recovery.

C. FUNDING

The implementation of the Memorandum of Agreement is dependent on the availability of federal funding pursuant to grant # TI-16-015 with the funding period from 9/30/2016 to 9/29/2017.

EACH ORGANIZATION WILL:

1. Agree to participate in the development of a strategic plan to promote peer and family voice, recovery, and resiliency.
2. Identify staff who will participate in orientation meetings concerning fiscal roles, reporting requirements, and responsibilities of

implementation.

3. Identify staff who will be dedicated to the implementation of the project activities.
4. Attend trainings concerning those activities as identified in the application, e.g.;
 - a. Systems of Care values and guiding principles;
 - b. Wraparound Services;
 - c. Care that is driven and guided by youth and young people, supported by family, culturally competent, and strength-based services; and
 - d. Strength-based peer-supported recovery.
2. Prioritize training, develop training curriculum, and organize training on:
 - a. Systems of Care values and guiding principles;
 - b. Wraparound Services;
 - c. Youth-guided, family-driven, culturally competent, and strength-based approaches; and
 - d. Strength-based peer-supported recovery.

The training methods will be sensitive to the issues of time and distance. Training will be available face to face, on-line, or via video conferencing, etc.

(Signature of AOR for RSCP-SN)

Date

(Signature of AOR for Consumer Network)

Date

(Signature of AOR for Family Network)

Date