

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

**Cooperative Agreement for the Provider’s Clinical Support System -
Medication Assisted Treatment Supplement**

(Short Title: PCSS-MAT Supplement)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-003

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: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You MUST use both documents in preparing your application.

Key Dates:

Application Deadline	Applications are due by March 3, 2017.
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.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of two-year supplemental funding to enable the grantee from the Fiscal Year (FY) 2016 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (PCCS-MAT) cohort to expand/enhance grant activities required under the FY 2016 Funding Opportunity Announcement (FOA). Information on this program may be found in the original funding announcement, TI-16-003 available on the SAMHSA website at <http://www.samhsa.gov/grants/grant-announcements/ti-16-003>.

Funding Opportunity Title:	Cooperative Agreement for the Provider's Clinical Support System – Medication Assisted Treatment Supplement (Short Title: PCSS-MAT Supplement)
Funding Opportunity Number:	TI-17-003
Due Date for Applications:	March 3, 2017
Anticipated Total Available Funding:	\$1 million
Estimated Number of Awards:	One (1) award
Estimated Award Amount:	Up to \$1 million
Cost Sharing/Match Required	No
Length of Project Period:	Up to two (2) years
Eligible Applicants:	Eligibility is limited to the current SAMHSA FY 2016 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (PCCS-MAT) grantee, the American Academy of Addiction Psychiatry. [See Section III-1 of this FOA for complete eligibility information.]

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

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of two-year supplemental funding to enable the grantee from the Fiscal Year (FY) 2016 Cooperative Agreement for the Provider's Clinical Support System - Medication Assisted Treatment (PCCS-MAT) cohort to expand/enhance grant activities required under the FY 2016 Funding Opportunity Announcement (FOA). Information on this program may be found in the original funding announcement, TI-16-003 available on the SAMHSA website at <http://www.samhsa.gov/grants/grant-announcements/ti-16-003>.

The Cooperative Agreement for the Provider's Clinical Support System – Medication Assisted Treatment Supplement (Short Title: PCSS-MAT Supplement) program purpose is to expand on the Drug Addiction Treatment Act (DATA) of 2000 and continue SAMHSA's currently funded PCSS-MAT initiative. The current PCSS-MAT initiative has provided 267 wavier trainings, 88 online continuing medical educational/clinical educational (CME/CE) courses, a no cost clinical coaching/mentoring support for all health professionals in primary care, and has trained over 32,000 health professionals. The PCSS-MAT program has provided up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of substance use disorders, addiction, and co-occurring mental disorders. This supplement will provide additional support to the current PCSS-MAT grantee by enhancing/expanding medication assisted treatment (MAT) training and educational resources to health professionals on evidence-based practices for preventing, identifying, and treating opioid use disorders. Grant funds received under this supplement may only be used to support new activities and to serve new populations. PCSS-MAT Supplement funds need to be tracked separately from original grant (TI-16-003) funds.

At a minimum the funds awarded will be used to conduct the following required activities:

SAMHSA/Office of National Drug Control Policy (ONDCP) 50 states and U.S. territories initiative

- Continue to provide up-to-date and evidence-based information to support the training of health professionals and address the complex issues of substance use disorders, addiction, and co-occurring mental disorders.
- Continue collaboration with the ONDCP on the SAMHSA/ONDCP 50 states and U.S. territories initiative. The states and U.S. territories initiative will provide waiver training for buprenorphine prescribing and MAT, and facilitate discussions and collaboration across all organizations and stakeholders throughout the state to discuss barriers to overcome the use of MAT including reimbursement, regulatory, and systems issues.

Clinicians/healthcare providers revised wavier curriculum

- Revise the eight hour MAT waiver training course and integrate other medications, as well as emphasize the use of buprenorphine cases. Funding will support the development of new training formats, such as 8 hours using the half-and-half format which includes 3.75 hours of on-your-own-training and 4.25 hours of face-to-face training with an instructor.
- Create evidence-based CME/CE courses for health care providers; designate existing training modules with CME/CE credits; develop additional trainings with clinical cases; support the Comprehensive Addiction and Recovery Act training requirements by developing training curriculum specific to nurse practitioners and physician assistants; and develop innovative training approaches that will provide immediate evidence-based support in an attempt to expand educational and clinical information.

PCSS-MAT mentoring on call

- Continue the Mentoring Program to allow providers to anonymously access a variety of resources for timely and accurate responses to questions about treatment with a Mentor-on-Call (MOC) supported by each of the DATA organizations. Mentoring programs will include: a national listserv/discussion list; a telephone consultation service; a monthly clinical case discussion in small group format; and a one-on-one, longitudinal coaching opportunity.

Development of state Train-the-Trainer Model

- Design a Train-the-Trainer pilot study to gather data on how to best work with each state (or U.S. territory) in developing sustainable training in MAT. Based on the outcome of the PCSS-MAT program's pilot with the state of Virginia, the PCSS-MAT Supplement will use lessons learned to enhance the Train-the-Trainer initiative.

Data

- Provide regular reports with data on all activities.

The PCSS-MAT Supplement grant is 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.

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent¹ of all cigarettes smoked and can experience serious health consequences². A growing body of research shows that quitting smoking can improve mental health and addiction recovery outcomes. Research shows that many smokers with behavioral health conditions want to quit, can quit, and benefit from proven smoking cessation treatments. SAMHSA strongly encourages all grantees to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

NOTE: In addition to the above, the grantee must comply with all of the requirements/expectations of the original grant for this program, including the Government Performance and Results (GPRA) Modernization Act of 2010 data collection.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$1 million

Estimated Number of Awards: One (1) award

Estimated Award Amount: Up to \$1 million

Length of Project Period: Up to two (2) years

¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked*. Rockville, MD.

<http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

² U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Proposed budgets cannot exceed the allowable amount in any year of the supplement. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

Cooperative Agreement

This award is being made as a cooperative agreement because it requires substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of the grantee and SAMHSA staff are:

Role of Grantee:

- Implement and assess the program in full cooperation with SAMHSA staff members and contractors.
- The steering committee will continue to oversee the enhancement and further development of the PCSS-MAT program and to determine the direction of the project. The steering committee must be comprised of representatives from participating national professional medical organizations authorized by law to conduct DATA trainings, other stakeholders, and the assigned Government Project Officer (GPO).
- Comply with all aspects of the terms and conditions of the cooperative agreement (to be issued with the award).
- Respond to requests by the GPO for information or data related to the program.

Role of SAMHSA Staff:

- Continue to participate in the selection of physician and non-physician members of a steering committee that will further enhance and develop the clinical support system. The assigned GPO will serve as a voting member of the steering committee, but will not chair the committee.
- Ensure that consultation services are provided to the states and regions of the country with the greatest need.
- Assist the grantee to plan for health care infrastructure development.
- Help to establish measures of cost effectiveness.
- Assist the grantee to meet quality improvement goals.
- Provide advice and assistance in developing the performance assessment.
- Foster learning, collaboration, and coordination with other SAMHSA-funded activities such as the DATA waiver program and Addiction Technology Transfer Center (ATTCs)

- Provide some of the on-site training, observation of practice, consultative services, peer monitoring, and other services envisioned under this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to the current SAMHSA FY 2016 PCCS-MAT grantee, the American Academy of Addiction Psychiatry. Eligibility is limited because this is the most effective way to accomplish the goals of this two-year supplement since the current grantee has the necessary knowledge, experience, and key partnerships in place to carry out grant activities without a lengthy start-up period.

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 A of this document. **It is highly recommended that you use the sample budget format in [Appendix A](#). 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 must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. 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: Section II-3.1, Required Application Components.)
- **Attachments 1 through 3** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. 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. Use the Other Attachments Form from Grants.gov to upload the attachments.
 - **Attachment 1:** 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 1.
 - **Attachment 2:** Letters of Commitment.
 - **Attachment 3:** 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 March 3, 2017.

IMPORTANT: Due to SAMHSA’s transition to NIH’s eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

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 register with NIH’S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

3. FUNDING LIMITATIONS/RESTRICTIONS

You must comply with the same funding restrictions that applied to the original grant.

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 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 it will not be considered, 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.
- 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: Progress to Date (20 points)

1. Describe your organization’s experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

Section B: Proposed Approach for Program Expansion/Enhancement (35 points)

1. Describe your plans to expand or enhance your existing program, and how your planned activities will meet the expected goals and objectives of the supplemental program.
2. Clearly describe all activities that will be supported with the supplemental grant funds. Discuss how the supplemental activities will be integrated into the ongoing project.
3. Describe the roles and responsibilities of collaborating organizations. If other organizations are not collaborating, indicate so in your response.
4. Provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served.
5. Demonstrate how the proposed approach appropriately addresses factors such as age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender of the population.

Section C: Implementation Plan and Staffing (30 points)

1. Present your plan for implementing and managing the supplemental activities.
2. Include a timeline for implementation showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section I](#).
3. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations. If such contributions will not be made, indicate so in your response.

Section D: Data Collection and Performance Measurement (15 points)

1. Provide an updated performance measurement plan that incorporates the new activities to be funded with supplemental funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. [NOTE: The performance measurement plan should include both process and outcome requirements. Include copies of the instruments and/or protocols you will use in **Attachment 1** of your application (if you are not providing a web link) and copies of Letters of Commitment in **Attachment 2**.
2. Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing GPRA activities. Remember to include data collection and performance measurement costs in your requested budget.

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 A - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix A](#). This will expedite review of your application.**

Be sure 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: Section II-3.1, Required Application Components.)

REQUIRED SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Position Descriptions

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

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 CSAT's National Advisory Council;
- availability of funds;

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size; and
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

The grantee must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. The grantee will also be expected to submit two electronic reports and two written (hardcopy) biannual reports.

VII. AGENCY CONTACTS

For questions about program issues contact:

Anthony Campbell RPH, D.O., Medical Officer
Center for Substance Abuse Treatment, Division of Pharmacologic Therapies
Substance Abuse and Mental Health Services Administration
(240) 276-2702
Tony.campbell@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 A – 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 arm’s 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: 09/30/2017

b. End Date: 09/29/2019

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Total Project Costs
Personnel	\$52,765	\$54,348	\$107,113
Fringe	\$10,896	\$11,223	\$22,119
Travel	\$2,444	\$2,444	\$4,888
Equipment	0	0	0
Supplies	\$3,796	\$3,796	\$7,592
Contractual	\$86,997	\$86,997	\$173,994
Other	\$15,815	\$13,752	\$29,567
Total Direct Charges	\$172,713	\$172,560	\$345,273
Indirect Charges	\$5,093	\$5,246	\$10,339
Total Project Costs	\$177,806	\$177,806	\$355,612

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.**

Data Collection & Performance Measurement	Year 1	Year 2	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$13,400
Fringe	\$2,400	\$2,400	\$4,800
Travel	\$100	\$100	\$200
Equipment	0	0	0
Supplies	\$750	\$750	\$1,500
Contractual	\$24,950	\$24,950	\$19,900
Other	0	0	0
Total Direct Charges	\$34,900	\$34,900	\$69,800
Indirect Charges	\$698	\$698	\$1,396
Total Data Collection & Performance Measurement Costs	\$35,598	\$35,598	\$71,196