

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

Recovery Community Services Program-Statewide Network

Short Title: RCSP-SN

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-006

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

PART 1: Programmatic Requirements

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 20, 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 (SSA) Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2017 Recovery Community Services Program-Statewide Network (Short Title: RCSP-SN) grants. The purpose of this program is to further strengthen Recovery Community Organizations (RCOs) and their statewide network of recovery stakeholders as key partners in the delivery of state and local treatment and recovery support services, as well as allied health systems through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery stakeholder organizations. RCSP-SN grantees will collaborate with traditional substance use disorder (SUD) treatment providers to underscore the relevance and appropriateness of peer recovery support services (PRSS) as fundamental fixtures on the Recovery Oriented Systems of Care (ROSC) landscape. This can be achieved through enhanced participation in state and local government planning and efforts to participate on multilevel planning, policy, and program development councils. Recovery supports require further integration into state and local systems of treatment and recovery service provision, which may be facilitated through increased emphasis upon capacity building, sustainability development, and identification of appropriate revenue streams to support these activities in the near and distant future

Funding Opportunity Title:	Recovery Community Services Program-Statewide Network
Funding Opportunity Number:	TI-17-006
Due Date for Applications:	March 20, 2017
Anticipated Total Available Funding:	\$1.5 million
Estimated Number of Awards:	Up to 10 awards
Estimated Award Amount:	Up to \$150,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	RCOs that are domestic, private nonprofit entities in states, territories, or tribes. [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

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2017 Recovery Community Services Program-Statewide Network (Short Title: RCSP-SN) grants. The purpose of this program is to further strengthen Recovery Community Organizations (RCOs) and their statewide network of recovery stakeholders as key partners in the delivery of state and local treatment and recovery support services, as well as allied health systems through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery stakeholder organizations. RCSP-SN grantees will collaborate with traditional substance use disorder (SUD) treatment providers to underscore the relevance and appropriateness of peer recovery support services (PRSS) as fundamental fixtures on the Recovery Oriented Systems of Care (ROSC) landscape. This can be achieved through enhanced participation in state and local government planning and efforts to participate on multilevel planning, policy, and program development councils. Recovery supports require further integration into state and local systems of treatment and recovery service provision, which may be facilitated through increased emphasis upon capacity building, sustainability development, and identification of appropriate revenue streams to support these activities in the near and distant future.

In addition to continuing to expand addiction RCOs and PRSS in the states, there is also a pressing need to ensure the sustainability of the recovery infrastructure developed to date through creative and diverse funding mechanisms and state, community, and private partnerships.

The intent of the RCSP-SN grant program is to strengthen the relationships between RCOs and their statewide networks of recovery stakeholders as key partners in the delivery of state and local treatment and recovery support services (RSS), as well as allied health systems through collaboration, systems improvement, public health

messaging, and training conducted for (or with) key recovery stakeholder organizations. RCSP-SN grantees will collaborate with traditional SUD treatment providers and other purchasers of PRSS to strengthen and embed these critical service elements as fixtures on the Recovery Oriented Systems of Care (ROSC) landscape. In alignment with the goals of SAMHSA's Recovery Support Strategic Initiative, the desired outcomes of this grant program include: greater integration of RCOs on state and local planning councils; embedding peers into traditional SUD treatment and allied health services; working with State Medicaid Directors to modify plans which allow for the reimbursement of peer billable services, and creation of other revenue sources within RCOs which facilitate financial solvency and long term sustainability. These can be facilitated through an improved emphasis on capacity building, sustainability development, and identification of appropriate and diverse revenue streams that will support such activities in the future. Through this program, it is expected that the infrastructure of RCOs will be strengthened and the delivery of addiction peer recovery services will be more meaningfully supported.

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

2. EXPECTATIONS

The goals of the RCSP-SN program are to: 1) promote skills development with an emphasis on leadership, public relations and communications, and business management for RCOs; 2) identify and seek to address the training and technical assistance (T/TA) needs of peer mentors/specialists (providers) and provide the support needed to ensure they are viewed as equal partners in the SUD/recovery support delivery system; 3) construct and promote, with state and local agencies, service delivery models that incorporate recovery supports before, during, after, and in lieu of SUD treatment; and 4) establish business models that endorse and encourage sustainable mechanisms to enhance the long term viability for institutional providers of RSS. To achieve the goals outlined above, the RCSP-SN grant program encourages RCOs to work with state policymakers, other members of the addiction recovery community, SUD service providers, and allied health system stakeholders to improve services for individuals facing issues as a result of SUDs. Throughout the course of the grant, the partnerships, programs, and recovery supports that have been developed will be provided technical support to ensure that they are financially sustainable post-award.

The grant requires that the Project Director and Co-Director, at a minimum, be designated as key staff to support the activities identified in your proposal and ensure that people in recovery will be involved in program/service design, development, implementation, and evaluation. While there are no minimum level of effort (LOE) requirements in this grant, your budget and budget justification should adequately demonstrate how you intend to execute the deliverables outlined in your proposal through use of the proposed staffing pattern.

NOTE: In order to strengthen and expand the impact of this program across the nation and ensure broad geographic distribution, SAMHSA will make only one award per state, territory, or tribe. If multiple applicants in the same state, territory, or tribe are in the fundable range, only the highest scored applicant will be given an award.

2.1 Required Activities

The RCSP-SN grant funds must be used primarily to support the infrastructure development of RSS and to engage in activities that encourage RCO collaboration and integration with other behavioral health and primary care providers. Applicants are expected to choose a minimum of **three activities in bold** from the infrastructure development activities and/or the RSS access and integration activities lists below as focal points of their proposed grant activities. The designation of three activities is meant to suggest a minimum level. Applicants are welcome to choose more than three activities.

INFRASTRUCTURE DEVELOPMENT ACTIVITIES: Applicants are expected to choose at least **two** of the seven activities in **bold** from the list below to develop infrastructure in their state.

1. **Work to forge relationships with state and local planning and policy development committees to ensure membership on such committees or workgroups so that RCOs and other recovery stakeholders are represented in state and local SUD and collaborative recovery support planning processes;**
2. **Partner with state and local organizations in workforce development activities, such as:**
 - developing peer certification standards of addiction peer recovery support/recovery coach services that are aligned with best practices;
 - developing culturally and linguistically competent peers, providers, and administrators;
 - providing addiction peer recovery coach training for providers on how to incorporate peers into their workforce while inculcating a recovery oriented culture consistent with ROSC principles;
 - facilitating contracts between RCOs and logical purchasers of peer services (e.g. justice, housing, hospitals, SUD treatment providers);
 - developing strategies to ensure accreditation of RCOs in the state;
 - facilitating the collaboration of recovery residences with RCOs and statewide recovery networks and SUD and allied health providers, as appropriate;
 - facilitating collaboration with mental health consumers and family organizations to foster common goals; and
 - providing educational materials and toolkits to State Medicaid offices which encourage State Plan modifications which make peer reimbursement possible to support RCO and peer sustainability.

- 3. Develop linkages with addiction RCOs throughout the state in order to:**
 - develop a shared approach around promoting addiction peer recovery supports and services;
 - identify needs of the addiction recovery community and devise strategies to address these needs; and
 - promote the collaboration of RCOs and statewide recovery networks to leverage resources among mission-similar institutions while enhancing the state's recovery support network.

- 4. Serve as a catalyst for organizational/structural change among recovery oriented institutions by providing training for and promoting the importance of:**
 - strengths-based, person-centered, and trauma-informed peer support and increased elevation of the importance of these issues;
 - integration of statewide medication assisted treatment and Opiate Overdose Prevention programming with recovery supports, and their strategic marketing, outreach, and engagement efforts within allied systems of care; and
 - the availability and expansion of addiction PRSS, such as mutual aid groups, peer mentoring/coaching, and responsiveness to needs based on gender, race, and ethnicity.

- 5. Participate in policy, planning, and program development discussions at the state, community, and local level to ensure adequate recovery support through policy and program development that overcome traditional barriers to vulnerable populations, such as:**
 - veterans and military families;
 - criminal justice re-entry populations;
 - sexual and gender minorities;
 - individuals with co-occurring mental health and other primary health conditions;
 - individuals with histories of chronic homelessness;
 - youth in transition/young adults;
 - racial and/or ethnic minorities; and
 - tribal communities.

- 6. Work with SSA and State Medicaid offices on issues which support greater RCO/RSS financial sustainability by taking a leadership/catalyst role in facilitating RCO contracts, Medicaid and state insurance reimbursement, and the forging of managed care organization (MCO)-RCO payor relationships.**

- 7. Work with RCOs and SUD-focused peer organizations within a state/territory/tribe to document the efficacy and cost savings accrued through utilization of peer recovery coaches and the provision of other recovery supports (e.g., recovery community centers, recovery housing) within SUD treatment and allied systems of care.**

HEALTH ACCESS AND RSS INTEGRATION ACTIVITIES: Applicants are expected to choose at least **one** of the three access or integration related activities in **bold** from the list below.

- 8. Promote the use of PRSS in integrated primary care and within more recently developed community behavioral healthcare models [e.g., Health Homes, Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Clinics (CCBHCs)].**
- 9. Partner with health insurance coverage, outreach, and enrollment assistance programs operating in the state to inform and supplement their outreach efforts to populations with SUDs, promoting RSS as necessary components to a SUD focused system of care.**
- 10. Facilitate education/training efforts regarding mental health and addictions parity to increase awareness/understanding of the law (Mental Health Parity and Addiction Equity Act of 2008), with a specific focus on health care reform and integrated care.**

Other Expectations:

During the first year of the grant, SAMHSA/CSAT will provide post-award technical assistance to help grantees construct a recovery support “asset map” to identify areas where recovery supports exist and are lacking in their state/jurisdiction. Grantees will be expected to use the asset map as a tool throughout the life of the grant to build capacity of RSS in those areas. Guidance for the asset mapping is in development and will be provided to grantees in the first year of their awards.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award (See PART II- Appendix E, Addressing Behavioral Health Disparities).

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

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

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).

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

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

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section D: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures:

- The number of T/TA events held;
- The number of participants in attendance;
- Satisfaction with the grantee's knowledge sharing T/TA in the event; and
- Usefulness of the information provided during the T/TA event.

This information will be gathered using SAMHSA's data-entry reporting system; access will be provided upon award. Data are to be collected and reported on a regular and real-time basis, with grantees required to enter data into the reporting system within 7 business days of a T/TA event. Grantees will be offered TA with the data reporting system after award and SAMHSA's Government Project Officer and data performance TA contractor will be available to offer support throughout the life of the grant.

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

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted on a bi-annual basis.

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 effect did the grant project have on expanding RSS within the state?
- To what extent were you able to assist marginalized populations in gaining greater access to RSS within your state?

- To what extent did you facilitate capacity building/infrastructure development among RCOs in your state, even securing nationally accepted accreditation?
- What impact did your project have in facilitating collaboration between and among RCOs and RSS stakeholders of SUD treatment and other purchasers of RSS?
- How successful was your organization in becoming members of state and local SUD/recovery planning boards, councils, and workgroups?
- What impact did your project have on the sustainability of RSS (e.g., were you successful in obtaining peer reimbursement through State Medicaid, MCOs, or other purchasers of peer services)? Were you successful in facilitating collaborations among purchasers of RSS to fortify recovery sustainability in the state?
- As a result of the project work, were you able to facilitate the integration of RSS into primary care and other newer approaches to behavioral healthcare provision (FQHCs, Health Homes, and CCBHCs)?

Process Questions:

- With how many RCOs and other recovery oriented stakeholders did you connect with across the state?
- What was the nature and extent of your involvement in state and local community SUD/recovery focused planning councils/committees? What was the number and nature of messages that promoted recovery and how were they disseminated?
- How many facilitated events did you participate in (e.g., training, technical assistance, meetings with outside partners, etc.)?

Data and narrative reports, which support your responses to the questions above, will be required semi-annually as part of your grant's performance requirements.

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections [I-2.2](#) and [I-2.3](#) above. Be sure to include these costs in your proposed budget (see [Appendix A](#)).

2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in years one and three of the grant. During the second year of the grant there will be a virtual meeting. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will

present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$1.5 million
Estimated Number of Awards:	Up to 10 awards
Estimated Award Amount:	Up to \$150,000 per year
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$150,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA is limiting eligibility for this program to RCOs that are domestic private nonprofit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible to apply. Eligible applicants must meet the following requirements:

1. An applicant organization meets the criteria of a RCO as provided in the paragraph above;
2. Include a letter in Attachment 5 from the IRS designating that the applicant organization is a 501(c)(3); and

3. Include a letter in Attachment 5 from the Board of Directors assuring that the organization submitting the application has served as a domestic non-profit recovery community organization for a minimum of two years.

In order to strengthen and expand the impact of this program across the nation and ensure broad geographic distribution, SAMHSA will make only one award per state, territory, or tribe.

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 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, 4, and 5 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. Use the Other Attachments Form from Grants.gov to upload the attachments.
 - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Copy of letter to the SSA transmitting the Public Health System Impact Statement (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).
 - **Attachment 5:** (1) Certificate of Eligibility (see [Appendix B](#)); (2) IRS letter designating the applicant organization is a 501(c)(3); and (3) letter from the organization’s Board of Directors assuring the applicant has served as a domestic non-profit RCO for at least two years.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 20, 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

- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment expenses.

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

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

All SAMHSA grant programs are covered under Executive Order (E.O.) 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

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, 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: Statement of Need (15 points)

1. Provide detailed information on the need for an addiction peer recovery statewide network and the need for enhancement of addiction PRSS in the state. Describe the stakeholders and resources in the state that can help collaborate on the needed statewide network infrastructure and its development.
2. Document the prevalence of RSS in the state, how they are funded and by which entities. Document the perceived gap between the need for RSS and present funding based upon your knowledge of what presently exists and your vision for a more strengthened ROSC.
3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective RSS 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 its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Clearly state at least **three** activities on which the project will focus. Describe your approach for implementing each of these activities and how this approach relates to achievement of the overall goals and objectives of the project.
3. Describe how achievement of goals will increase system capacity to support effective RSS.
4. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.
5. Describe your business philosophy regarding capacity building, revenue generation, and other means of strengthening RCOs and statewide peer/recovery networks and how it would be applied to improve RSS infrastructure in your state.

6. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.
7. Provide a chart or graph depicting a realistic timeline for the entire three years of the project period, showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
8. Describe how the key activities in your timeline will be implemented.
9. 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 from 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.
10. Identify any other organization(s) that will participate in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from each partner in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.
11. 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 (if applicable) with similar projects and populations. If you are not partnering with any other organizations, indicate so in your response.
3. Describe the approach that will be used to ensure that people in recovery will be in positions of leadership and management on this project.

4. Provide a complete list of staff positions for the project, including the Project Director and Co-Director, 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.
5. Discuss how key staff have demonstrated experience in collaborating with state systems of care and other purchasers of RSS and are qualified to develop the infrastructure for the identified population 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-2.2](#) 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-2.3](#) of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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 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 Job 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 the CSAT 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 which accordingly, SAMHSA will make only one award per state, territory, or tribe; 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

In addition to the data reporting requirements listed in [Section I-2.2](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will also be required to submit progress reports semi-annually.

VII. AGENCY CONTACTS

For questions about program issues contact:

Matthew T. Clune
Center of Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
(240) 276-1619
Matthew.clune@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. ft.	\$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: 09/29/2020

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$163,091
Fringe	\$10,896	\$11,223	\$11,559	\$33,678
Travel	\$2,444	\$2,444	\$2,444	\$7,332
Equipment	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$11,388
Contractual	\$86,997	\$86,997	\$86,997	\$260,991
Other	\$15,815	\$13,752	\$11,629	\$41,196
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$517,676
Indirect Charges	\$5,093	\$5,246	\$5,403	\$15,742
Total Project Costs	\$177,806	\$177,806	\$177,806	\$533,418

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 FOA PART II: Appendix C, Standard 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	Year 3	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$20,100
Fringe	\$2,400	\$2,400	\$2,400	\$7,200
Travel	\$100	\$100	\$100	\$ 300
Equipment	0	0	0	0
Supplies	\$750	\$750	\$750	\$2,250
Contractual	\$24,950	\$24,950	\$24,950	\$74,850
Other	0	0	0	0
Total Direct Charges	\$34,300	\$34,300	\$34,300	\$102,900
Indirect Charges	\$698	\$698	\$698	\$2,094
Total Data Collection & Performance Measurement Costs	\$34,998	\$34,998	\$34,998	\$104,994

Appendix B – Certificate of Eligibility

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Certificate. This Certificate and the Internal Revenue Service (IRS) documentation must be included in **Attachment 5 or the application will be screened out and not reviewed.**

All applicant organizations must meet the criteria of a recovery community organization (RCO). A RCO is an independent organization with non-profit status led and governed by representatives of local communities of addiction recovery. Applicant organizations must meet the following criteria:

1. An applicant organization meets the criteria of a RCO as provided above. Resource which clarifies in some depth the definition of a RCO: <http://www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf>.
2. Letter from the IRS designating that the applicant organization is a 501(c)(3). **A copy of this letter must be included in Attachment 5 or the application will be screened out and not reviewed.**
3. A letter from the Board of Directors of the organization submitting this application assuring that the organization has served as a domestic non-profit recovery community organization for a minimum of two years. This letter should be included in **Attachment 5** of the application.

This form must be signed and dated by an authorized representative of the applicant organization certifying that the aforementioned statements are accurate.

Type or Print Name and Title

Signature of Individual Certifying Validity of
All Information Contained in this Document

Date of Signature