

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

**International President's Emergency Plan for AIDS Relief  
Addiction Technology Transfer Centers**

**(Short Title: INT PEPFAR-ATTC)**

**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. TI-17-010**

**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:**

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| <b>Application Deadline</b> | <b>Applications are due by April 25, 2017.</b> |
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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 International President’s Emergency Plan for AIDS Relief Addiction Technology Transfer Centers (Short Title: INT PEPFAR-ATTC) Cooperative Agreements.

Applicants may apply for one or more of the Cooperative Agreements described in this FOA. The purpose of this program is to establish PEPFAR ATTC programs in Vietnam, Ukraine, and South Africa that increase the capacity, skills, and abilities of Vietnamese, Ukrainian, and South African HIV/AIDS programs, governmental agencies, and the PEPFAR programs to address problematic substance use, including the treatment of opioid dependence, and mental disorders to impact the goals of national HIV prevention, care, and treatment programs. Eventually, with approval of Embassy and PEPFAR leadership, the INT PEPFAR-ATTCs in Ukraine and South Africa may extend these activities to other countries in the respective regions.

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| <b>Funding Opportunity Title:</b>           | International President’s Emergency Plan for AIDS Relief Addiction Technology Transfer Centers (Short Title: INT PEPFAR-ATTC)  |
| <b>Funding Opportunity Number:</b>          | TI-17-010  |
| <b>Due Date for Applications:</b>           | April 25, 2017   |
| <b>Anticipated Total Available Funding:</b> | Up to \$1,200,000 per year   |
| <b>Estimated Number of Awards:</b>          | Up to three (3) awards   |
| <b>Estimated Award Amount:</b>              | <ul style="list-style-type: none"> <li>○ INT PEPFAR-ATTC Vietnam: up to \$350,000 per year</li> <li>○ INT PEPFAR-ATTC South Africa: up to \$500,000 per year</li> <li>○ INT PEPFAR-ATTC Ukraine: up to \$350,000 per year</li> </ul> |
| <b>Cost Sharing/Match Required:</b>         | No   |
| <b>Length of Project Period:</b>            | Up five (5) years  |

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| <b>Eligible Applicants:</b> | <p>International non-governmental organizations (NGOs), currently funded U.S. based SAMHSA ATTCs or universities with international technical assistance experience and workforce development capabilities with a demonstrated history of working with PEPFAR implementing partners.</p> <p>[See <a href="#">Section III-1</a> of this FOA for complete eligibility information.]</p> |
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**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 International President's Emergency Plan for AIDS Relief Addiction Technology Transfer Centers (Short Title: INT PEPFAR-ATTC) Cooperative Agreements.

Applicants may apply for one or more of the Cooperative Agreements described in this FOA. The purpose of this program is establish INT PEPFAR-ATTC programs in Vietnam, Ukraine, and South Africa that increase the capacity, skills, and abilities of Vietnamese, Ukrainian, and South African HIV/AIDS programs, governmental agencies, and the President's Emergency Plan for AIDS Relief (PEPFAR) programs to address problematic substance use, including the treatment of opioid dependence, and mental disorders to impact the goals of national HIV prevention, care, and treatment programs. Eventually, with approval of Embassy and PEPFAR leadership, the INT PEPFAR-ATTCs in Ukraine and South Africa may extend these activities to other countries in the respective regions.

The internationally-based PEPFAR-ATTCs will address substance use dependence as part of PEPFAR and host country governments' approach to HIV prevention, care, and treatment. INT PEPFAR-ATTCs will provide training and technical assistance on behavioral health service provision, including education, skills development, and knowledge transfer on HIV/AIDS prevention, care, and treatment; substance-related and addictive disorders care; treatment in the context of co-occurring substance use and mental disorders; and the establishment of peer recovery programs. The Vietnam, Ukraine, and South Africa INT PEPFAR-ATTC programs will work collaboratively with other SAMHSA-funded internationally-based PEPFAR-ATTCs and the U.S. based National ATTC Network (<http://www.nattc.org/home/>) in developing evidence-based technical assistance for information exchange and technology transfer.

Since 2005, SAMHSA, as an implementing partner in the PEPFAR, has supported and provided technical assistance to countries where the HIV epidemic is driven by illicit drug and harmful alcohol use. Technical assistance and trainings have been provided to Ministries of Health (MOH), Labor, Social Affairs, and of Justice, country PEPFAR teams, and PEPFAR implementing partners as part of country and regional PEPFAR programs to augment HIV prevention, care, and treatment programs that address illicit drug use and harmful alcohol use.

The grantee will provide training and technical assistance to PEPFAR implementing partners to enhance their capacity, knowledge, and expertise in: (1) national and regional development of drug and alcohol policies that enable the implementation of evidence-based best practices for substance use and mental disorders treatment; (2) evidence-based best practices and quality services as part of the treatment for substance use disorders in key and priority populations; (3) assessing and removing barriers to HIV care and treatment for key and priority populations with substance use and co-occurring disorders; and (4) initiation and implementation of peer and other recovery support service programs for key populations.

Through an Inter-Departmental Delegation of Authority (IDDA), the PEPFAR delegates its authority and transfers funds to SAMHSA for this program. Therefore, SAMHSA operates under PEPFAR authorities when carrying out PEPFAR-related activities. The Legislative Authority is Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 and the PEPFAR Stewardship and Oversight Act of 2013.

## **2. EXPECTATIONS**

SAMHSA's grants for training and technical assistance are intended to fund services or practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance recipients of the grant program. The grantee will work directly under the supervision of the SAMHSA Substance Abuse HIV/AIDS Treatment Advisors posted in Vietnam, Ukraine, and South Africa (also known as the Substance Use Disorders Regional Expert/Attaché in Ukraine and the Substance Use and Mental Disorders Specialist in South Africa), and provide technical assistance and trainings as part of the PEPFAR Country Operational Plan (COP)<sup>1</sup>. Applicants must attest that they have the requisite experience to carry out the requirements of the program in the Statement of Assurance in [Appendix C](#) of this FOA. **If the Statement of Assurance is not included in Attachment 4 of the application, the application will be screened out and will not be reviewed.**

Under the direction of the SAMHSA Substance Abuse HIV/AIDS Treatment Advisor in Ukraine and South Africa, and in collaboration/coordination with the PEPFAR COPs and PEPFAR Country Teams, the Ukraine and South Africa INT PEPFAR-ATTCs may secondarily provide regional technical assistance and training to PEPFAR programs

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<sup>1</sup> <http://www.pepfar.gov/countries/cop/index.htm>

based on the grantee's technology transfer capacity and approval of Embassy and PEPFAR leadership.

The key staff for this program will be the Project Director and Co-Director. Their roles and responsibilities are to coordinate the overall project and to ensure all activities are within the scope of work and mission of the PEPFAR program in each country or region.

## **2.1 Required Activities**

Certain activities are required of all INT PEPFAR-ATTC cooperative agreement recipients, while other required activities are specific to Vietnam, Ukraine, or South Africa.

**All INT PEPFAR-ATTC Cooperative Agreement funds must be used primarily to support the following activities:**

- Provide technical assistance in the development of drug and alcohol policies that create an enabling environment for the implementation of evidence-based best practices for substance use and mental disorders treatment.
- Provide technical assistance for the integration of substance use disorder treatment into ongoing HIV/AIDS prevention, care, and treatment programs supported by the PEPFAR program in the country or region.
- Provide training for HIV/AIDS service providers on care and treatment of individuals with substance use disorders and HIV/AIDS high-risk behaviors, including peer and other recovery support services.
- Enhance workforce development to increase the national capacity to address substance use disorders treatment in key and priority populations.
- Promote partnerships with key stakeholders and local ownership of the HIV/AIDS response in key and priority populations with specific strategies to address harmful alcohol use, stimulant, and opioid dependence and mental health in HIV/AIDS care and treatment.
- Identify barriers to care and treatment and provide technical assistance on evidence-based interventions to enhance access to care and treatment for substance use and mental disorders and HIV/AIDS in key and priority populations.
- Use innovative technology transfer strategies to: (1) promote the adoption of evidence-based and promising practices and training curricula in the treatment of substance use and mental disorders as part of HIV/AIDS care and treatment; and (2) identify and implement innovative culturally appropriate approaches and practices in the development of peer recovery community programs for key and

priority populations living with HIV/AIDS, or seeking recovery from, substance use disorders.

- Maintain an inventory of, and serve as a clearinghouse for, substance use and mental disorders treatment and prevention products (e.g., curricula, trainings, distance learning programs), including resources and products to address behavioral health in key and priority populations and/or increase access to, or appropriateness of, training activities; disseminate these products throughout the country and/or region, and to other stakeholders in the field.
- Promote partnerships with key stakeholders to create and enhance an enabling policy environment for key and priority populations in the provision of healthcare services.
- Serve as a resource on prevention and treatment of, and recovery from, substance use and co-occurring mental disorders, including medication-assisted treatment (MAT) and recovery-oriented systems of care to organizations serving key and priority populations.
- Provide and maintain appropriate internet-based information and resources.
- Participate in regional, national, and local activities to promote the adoption of evidence-based and promising practices, recovery-oriented systems of care, educational standards, and other topics of importance to the substance use and mental disorders treatment/recovery field.
- Develop regional, national, and local needs assessments at least annually.
- Collaborate with the U.S. Domestic ATTC Network Coordinating Office (<http://www.nattc.org/national-coordinating-office/>) in order to exchange information regarding existing potential training packages and evidence-based practices materials and literature suitable for the in-country programs and to maintain connection with the overall ATTC Network. The ATTC Network Coordinating Office will fund and coordinate the participation of the INT PEPFAR ATTCs at the yearly ATTC Network Meeting that will take place in the U.S.

### **Vietnam INT PEPFAR-ATTC Specific Required Activities**

- Continue to provide support for the current INT PEPFAR-ATTC centers located at the Hanoi Medical University and at the Ho Chi Minh University of Medicine and Pharmacy.
- Extend support to the University of Labor and Social Affairs in Hanoi and/or Ho Chi Minh City under the Ministry of Labor, Invalids and Social Affairs (MOLISA). Funding for the three universities should be proportional to the years of previous

funding with those that have been in operation longest getting a reduced amount to those that are new to this activity.

- Encourage the three universities to work in partnership with all relevant stakeholders to respond to the needs related to policies, technical assistance, and modalities that facilitate addiction treatment care and prevention; encourage the universities to facilitate the coordination and collaboration among the ministries, including the MOH, MOLISA, Ministry of Public Security, and the Office of the Government and other partners in the continued introduction, pilot, implementation, evaluation, and recommendations of the evidence-based practices on substance use and mental disorders and HIV that are relevant to Vietnam.
- Coordinate with the three universities and the SAMHSA Vietnam Team in order to develop individual and joint plans of action based on the needs identified or proposed by SAMHSA/PEPFAR related to policies, technical assistance, and modalities of substance use disorder treatment.

### **Ukraine INT PEPFAR-ATTC Specific Required Activities**

- A leading issue in Ukraine is the lack of a government entity charged with the responsibility to oversee substance use disorder treatment. The Government of Ukraine approves policies but there is no entity that is mandated to ensure that policies are followed, that clinics are accredited, or that staff are certified. The grantee will be responsible for working closely with the Government of Ukraine to establish legislation and policy of a substance misuse or use treatment entity responsible for these areas. The system development would include, but not be limited to, the following activities:
  - Ensure that the MOH establishes a Bureau of Substance Abuse Services (BSAS) or similar entity at the national level
  - Embed a staff person within this entity to enable the development of core staff and the organization to carry out its policy operations, such as licensing, accreditation, and quality reviews of the addiction services program including MAT. NOTE: These activities do not currently exist in the MOH.
  - Develop, with approval of the MOH and in conjunction with the Government of Ukraine, the necessary decrees, decisions, and orders to enable the clear operation of a BSAS or similar entity.
  - Develop a program of training and services for the staff of a BSAS or similar entity to fully understand the concepts of licensing, accreditation, and certification.

- Coordinate with the MOH to develop standards for licensing, accreditation, and certification of both facilities and staff.
- After establishing a BSAS or similar entity, the grantee should conduct a review of the existing treatment system to determine the needs of the system with regards to licensing, accreditation, and certification of both facilities and staff.
- Develop and build a training center within the existing structures of Ukraine (schools of medicine and social work with a maximum of three schools allowed) that will be responsible for the in-service training and certification of staff at addiction services clinics. NOTE: Training within these institutions may only focus on in-service training, not pre-service.
- The grantee will be expected to work on policy level issues such as enabling the Government of Ukraine to build within its designated Ministry a BSAS or similar entity. There is currently no institution designated by the Government of Ukraine to address this area or be responsible for any aspects of the addiction prevention and treatment field. It would be beneficial to embed a staff member within the Ministry to assist with carrying out the activities needed to make this establishment. At the same time, but not before, the capacity building functions can be achieved by collaborating with existing universities, both medical and social work, to build governmental, NGO, and provider skills.

### **South Africa INT PEPFAR-ATTC Specific Required Activities**

- Implement required activities in the context of South Africa's HIV epidemic with a primary emphasis on strategies to address harmful alcohol use and poly-substance use that may also include marijuana, stimulants, and opioids.
- Incorporate strategies to address mental disorders with direct linkages to HIV outcomes such as depression, anxiety, and trauma in required activities.
- Implement required activities in an integrated manner, leveraging existing government and PEPFAR-funded platforms and strengthening access to services in primary care when feasible.
- Conduct pre-service and in-service workforce development activities to increase national capacity to address substance use and mental disorders relevant to PEPFAR epidemic control goals and UNAIDS 90-90-90 targets. Examples of activities are:
  - Assisting with certification and/or credentialing for behavioral health providers;
  - Providing technical assistance for strengthening university curricula, including post-graduation diploma programs;

- Providing input on alignment of curricula and targeted short course training materials for behavioral health;
  - Supporting trainings for health care workers, district health management teams, and community-based providers in the diagnosis and management of substance use disorders and common mental health conditions through related short courses, workshops, eLearning modules, and other innovative approaches; and
  - Providing technical assistance to enhance clinical training and sensitization for key population prevention and treatment services to address stigma and discrimination related to co-occurring substance use and mental health disorders among female sex workers, men who have sex with men, and persons who inject drugs.
- Strengthen awareness of substance use, particularly alcohol, and mental disorders by facilitating symposiums, workshops, and meetings on behavioral health topics for government officials, health care workers, non-governmental organizations, law enforcement, and other relevant parties.
  - Facilitate regional learning exchanges to enhance the capacity of the South Africa Government, including the Central Drug Authority, to respond to substance use and mental disorders through appropriate policy development and adoption of evidence-based practices.

## **2.2 Allowable Activities**

- Develop and provide training and other resource materials for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and MOH staff, front-line counseling staff, recovery community leaders).
- Develop, implement, and/or participate in activities aimed at developing standards of professional practice for providers of mental and substance use disorders prevention, treatment and recovery support services, including working with academic institutions to train and educate students and health care providers for these professions.
- Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders treatment, peer, and other recovery support service providers.

## **2.3 Other Expectations**

If your application is funded, you will be expected to develop a detailed work plan for the location where you are applying to work (i.e., Vietnam, Ukraine, or South Africa) and a behavioral health disparities impact statement no later than 60 days after receiving your award. The work plan must describe the activities to be implemented in year one,

contribution to the Joint United Nations Programme on HIV and AIDS (UNAIDS) 90-90-90 goals, and a monitoring and evaluation strategy. In the behavioral health disparities impact statement, you must propose: (1) the number of individuals to be reached/trained during the grant period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to, use, and outcomes of grant activities; and (3) methods for the development of policies and procedures to advance and sustain culturally and linguistically appropriate services (See PART II: Appendix E – Addressing Behavioral Health Disparities). Both the work plan and behavioral health disparities impact statement must be approved by the in-country SAMHSA Substance Abuse HIV/AIDS Treatment Advisor and the SAMHSA Government Project Officer (GPO).

The desired outcomes of the INT PEPFAR-ATTC program align with SAMHSA's priorities and the global PEPFAR strategy of HIV epidemic control by enhancing service integration of HIV/AIDS prevention care and treatment with substance-related, addictive disorders, and mental care and treatment to reduce barriers to access and utilization by key and priority populations. The specific outcomes for the populations of focus include: (1) increased number of clients receiving substance use and mental disorders treatment through HIV/AIDS prevention, care, and treatment services; (2) increased adherence to and retention in both HIV and substance use services and care; and (3) decreased HIV incidence, morbidity, and mortality associated with substance use and mental disorders. The activities supported by the Vietnam, Ukraine, and South Africa INT PEPFAR-ATTCs will also complement the efforts of other PEPFAR implementing partners and enhance performance on monitoring, evaluation, and reporting indicators as well as country and agency specific indicators for prevention services, treatment, and care and support. In addition, the INT PEPFAR-ATTC programs will develop specific collaborative interactions and reporting indicators with other internationally-based SAMHSA ATTCs and the U.S. Domestic ATTC to develop and report on evidence-based programs that enhance service innovation for substance use disorder treatment and co-occurring mental disorders.

## **2.4 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: client satisfaction with trainings and technical assistance, sharing of information from trainings and technical assistance, and application of knowledge from trainings and technical assistance, as well as other PEPFAR specific indicators. This information will be gathered using uniform data collection tools provided by SAMHSA. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. Additionally, there are PEPFAR specific systems and tools that the grantee will be required to use. An example of the

type of data collection required can be found on the PEPFAR Dashboards at <http://www.pepfar.gov/funding/c63793.htm>. Data are to be reported through semi-annual reports, monthly updates, and as requested and directed by SAMHSA PEPFAR staff.

The collection of this data will enable SAMHSA to report on key outcome measures relating to the grant program. Data collected also will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities.

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

## **2.5 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least – semi-annually (every six months). At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

### Outcome Questions:

- What was the effect of training and technical assistance on participants?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?
- How durable were the effects?

### Process Questions:

- How closely did implementation match the plan for delivery of training and technical assistance?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?

- What types of changes were made to address behavioral health disparities?
- What effect did the changes have on the planned training and technical assistance and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

**No more than 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-2.4](#) and [I-2.5](#) above. Be sure to include these costs in your proposed budget (see [Appendix B](#)).**

## **2.6 Grantee Meetings**

Grantees must plan to send the Project Director and Co-Director to one ATTC Network meeting each year of the grant. These meetings will be held in the United States and travel will be funded and coordinated by the U.S. Domestic ATTC National Coordinating Office under their PEPFAR funded supplement to connect the U.S. Domestic ATTC Network with the International ATTC Centers.

## **II. AWARD INFORMATION**

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** Up to \$1,200,000 per year

**Estimated Number of Awards:** Up to three (3) awards

**Estimated Award Amount:** ATTC Vietnam: up to \$350,000 per year  
 ATTC South Africa: up to \$500,000 per year  
 ATTC Ukraine: up to \$350,000 per year

**Length of Project Period:** Up to five (5) years

**Proposed budgets cannot exceed estimated award amounts listed above 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.

**Applicants should be aware that funding amounts are subject to the availability of funds.**

## Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee: The grantee will propose in the application and establish the location of the INT PEPFAR-ATTC (unless it has been pre-determined), based on the grantee's submitted plan for training and technical assistance. Under the direction and leadership of the country specific SAMHSA Substance Abuse HIV/AIDS Treatment Advisor, the grantee will further develop their technical assistance and training plan and implement the plan in collaboration with the in-country PEPFAR plan. The plan must be comprehensive in nature and include training and technical assistance based on assessed need. The grantee will provide data to the special advisor and respond to informational and substance use treatment resource requests for training materials, curricula, and other resources by the in-country PEPFAR team.

Role of SAMHSA Staff: The in-country SAMHSA Substance Abuse HIV/AIDS Treatment Advisor will provide leadership on issues related to the treatment and recovery continuum for substance use disorders and other areas of behavioral health. The treatment advisor will prioritize trainings and technical assistance based on the objectives of the in-country PEPFAR COP. The treatment expert will be responsible for the technical content of the trainings and the success of the technical assistance delivered by the grantee. The SAMHSA GPO will review and approve all requests for international travel (other than for the annual mandatory grantee meeting) in advance; conduct periodic site visits; and evaluate and approve progress reports to ensure that the objectives, terms, and conditions of the project are accomplished.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligible applicants are international non-governmental organizations (NGOs), currently funded U.S. based SAMHSA ATTCs or universities with international technical assistance experience and workforce development capabilities with a demonstrated history of working with PEPFAR implementing partners. Applicants must sign the Certificate of Eligibility in [Appendix C](#), which certifies that the organization meets the eligibility criteria described. **The Certificate of Eligibility must be submitted in Attachment 4 of the application or the application will be screened out and will not be reviewed.**

SAMHSA believes that these entities are uniquely qualified to implement the behavioral health service regional programs because of their knowledge of and experience in working with the PEPFAR country teams and PEPFAR implementing partners. This knowledge and experience ensures that they are able to successfully collaborate with

on-going PEPFAR-funded programs for behavioral health technology transfer and use their regional awareness to conduct culturally appropriate activities.

While an eligible organization may apply for more than one of the INT PEPFAR-ATTC programs (Vietnam, Ukraine, or South Africa), a separate application must be submitted for each. (Note: If submitting multiple applications in response to this FOA, each application **must** have a unique project title for each country or applications may be flagged as duplicates.) Only one application may be submitted per country (i.e., Vietnam, Ukraine, or South Africa). Therefore, an organization may submit a maximum of three applications. However, an applicant organization may receive only one INT PEPFAR-ATTC award. If an applicant submits multiple high scoring applications, award decisions will be made at SAMHSA's discretion.

## 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 B](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix B](#). 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 section 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 and 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc. 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, if appropriate.
  - **Attachment 4:** The Statement of Assurance provided in [Appendix C](#) of this FOA, attesting that the applicant organization has the requisite experience to carry out the requirements of the program, signed by the Authorized Representative. **If the application does not include the signed Statement of Assurance, the application will be screened out and will not be reviewed.**

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 25, 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 grant award may be used for data collection, performance measurement, and performance assessment expenses.
- Even if an organization has an established indirect cost rate, under training grants, SAMHSA reimburses indirect costs at a fixed rate of eight percent of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000.
- You must comply with the PEPFAR Funding Restrictions in [Appendix D](#) of this document.

Be sure to identify these expenses in your proposed budget.

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

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, 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. Identify the country (e.g. Vietnam, Ukraine, or South Africa) for which you are applying. Describe the proposed technical assistance recipients and the methods you will use to engage them. Identify the proposed catchment area and provide demographic information on the population(s) to receive training and/or technical assistance through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, age, socioeconomic status, sexual orientation, and gender identity.
2. Describe the service gaps, barriers, and other problems related to the need for technical assistance, and describe how the program will be disseminated and applied.

### **Section B: Proposed Approach (35 points)**

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Provide a chart or graph depicting a realistic time line for the entire **five** 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 time line should be part of the Project Narrative. It should not be placed in an attachment.]
3. Describe how the key activities in your timeline will be implemented.
4. Demonstrate familiarity with state-of-the-art strategies and practices in mental health and substance use disorders; MAT; drug and alcohol policy; alcohol and other drug prevention and treatment; and connection between HIV/AIDS and mental and substance use disorders.
5. Describe the stakeholders and resources that can help implement the needed technical assistance.
6. Discuss how you will perform ongoing regional needs assessments and how you will focus on those needs most critical to the effectiveness of mental illness/substance use disorder treatment and prevention and recovery support services within the region.
7. Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art mental illness/substance use disorder treatment, prevention research.

8. Describe and give examples of how you will develop and/or revise innovative, research-based curricula and other products and materials as appropriate for the technical assistance recipients you will be serving.
9. Describe how you will serve as a resource on mental illness/substance use disorder treatment and prevention to community-based, faith-based, racial/ethnic-specific or LGBT organizations, recovery community organizations, consumers and family members, and other stakeholders.
10. Describe how you will implement the specific required activities outlined under [Section I-2.1, Expectations](#) for the country for which you are applying (e.g., Vietnam, Ukraine, or South Africa).
11. Identify any other organization(s) that will participate in the proposed project and their roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from each partner in **Attachment 1** of your application.
12. Describe how your activities will improve substance abuse prevention and/or treatment and/or mental health services and address disparities in the access, use, and outcomes of behavioral healthcare.

### **Section C: Staff, Management, and Relevant Experience (30 points)**

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.
2. Discuss the capability and experience of other participating organizations with similar projects and populations, including experience in providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities.
3. Provide a complete list of staff positions for the project, including the Project Director and Co-Director, and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director, Co-Director, and key staff.
4. Discuss how key staff members have demonstrated experience in serving the population to receive training/technical assistance and are familiar with their culture(s) and language(s), as well as with their workforce development needs.
5. Describe the resources available for the proposed project (e.g., facilities, equipment).

## **Section D: Data Collection and Performance Measurement (20 points)**

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.4](#) of this document. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures you plan to use for your grant project.
2. Describe your plan for conducting the local performance assessment as specified in [Section I-2.5](#) of this FOA and document your ability to conduct the assessment.

## **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 B - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix B](#). 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.

### **Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects**

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

## **2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the 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; 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-2.4](#), grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Grantees will be required to provide semi-annual reports (every six months) and monthly updates to the GPO and the in-country SAMHSA Substance Abuse HIV/AIDS Treatment Advisor.

## **VII. AGENCY CONTACTS**

**For questions about program issues contact:**

Humberto Carvalho  
Center for Substance Abuse Treatment, Division of Service Improvement  
Substance Abuse and Mental Health Services Administration

(240) 276-2974

[Humberto.Carvalho@samhsa.hhs.gov](mailto:Humberto.Carvalho@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](mailto:FOACSAT@samhsa.hhs.gov)

# Appendix A – Confidentiality and SAMHSA Participant Protection Guidelines

## Confidentiality and Participant Protection

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the two elements below. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality and participant protection identified during peer review of the application must be resolved prior to funding.

### 1. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

### 2. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used, and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.
- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## Appendix B – 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               |
|                       |                |                    | <b>TOTAL</b>    | <b>\$52,765</b> |

**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         |
|                      |       | <b>TOTAL</b> | <b>\$10,896</b> |

**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 <a href="#">miles@.38/mile</a> | \$1,140        |
|                        |                |                                  | <b>TOTAL</b>                         | <b>\$2,444</b> |

**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          |
|                         | <b>TOTAL</b>           | <b>\$3,796</b> |

**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<br>(Case Manager) | Treatment Client Services | 1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750 | *Travel at 3,124 @ .50 per mile = \$1,562<br><br>*Training course \$175<br><br>*Supplies @ \$47.54 x 12 months or \$570<br><br>*Telephone @ \$60 x 12 months = \$720<br><br>*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         |
|                                  |                           |   | <b>TOTAL</b>   | <b>\$86,997</b> |

**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         |
|                       | <b>TOTAL</b>                        | <b>\$15,815</b> |

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

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

**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance**

**calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

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

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

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

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

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<https://rates.psc.gov/fms/dca/map1.html>. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. For training grants, indirect cost rates are limited to 8%.**

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

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

=====

TOTAL DIRECT CHARGES:

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

INDIRECT CHARGES:

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

**TOTAL: (sum of 6i and 6j)**

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

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

**Proposed Project Period**

a. Start Date: 09/30/2017

b. End Date: 09/29/2022

**BUDGET SUMMARY** (should include future years and projected total)

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

**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 both [PART I: Appendix D, PEPFAR Funding Restrictions](#) and 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](#).**

| <b>Data Collection &amp; Performance Measurement</b>             | <b>Year 1</b>   | <b>Year 2</b>   | <b>Year 3</b>   | <b>Year 4</b>   | <b>Year 5</b>   | <b>Total Data Collection &amp; Performance Measurement Costs</b> |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|--|
| Personnel  | \$6,700         | \$6,700         | \$6,700         | \$6,700         | \$6,700         | \$33,500   |
| Fringe   | \$2,400         | \$2,400         | \$2,400         | \$2,400         | \$2,400         | \$12,000   |
| Travel   | \$100           | \$100           | \$100           | \$100           | \$100           | \$500  |
| Equipment  | 0               | 0               | 0               | 0               | 0               | 0  |
| Supplies   | \$750           | \$750           | \$750           | \$750           | \$750           | \$3,750  |
| Contractual  | \$24,950        | \$24,950        | \$24,950        | \$24,950        | \$24,950        | \$124,750  |
| Other  | 0               | 0               | 0               | 0               | 0               | 0  |
| Total Direct Charges   | \$34,300        | \$34,300        | \$34,300        | \$34,300        | \$34,300        | \$171,500  |
| Indirect Charges   | \$698           | \$698           | \$698           | \$698           | \$698           | \$3,490  |
| <b>Total Data Collection &amp; Performance Measurement Costs</b> | <b>\$34,998</b> | <b>\$34,998</b> | <b>\$34,998</b> | <b>\$34,998</b> | <b>\$34,998</b> | <b>\$174,990</b>   |

## Appendix C – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

\_\_\_\_\_, I assure SAMHSA that the applicant organization is an International Non-Governmental Organizations (NGO), currently funded SAMHSA Addiction Technology Transfer Centers (ATTC), or university with the following experience:

- international technical assistance capacity;
- workforce development capabilities; and
- a demonstrated history of working with PEPFAR partners/programs and health service programs in the area of public health and working with local indigenous populations at high-risk for HIV/AIDS in the following country (please indicate which country below):

\_\_\_\_\_ Vietnam,

\_\_\_\_\_ Ukraine, or

\_\_\_\_\_ South Africa

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Appendix D – PEPFAR Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/SAMHSA funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with SAMHSA's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for SAMHSA awardees.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).
- All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by SAMHSA. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
- Human subjects data collection funding restrictions which require submission of protocols will be submitted within six months of notification of such requirement, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management

Officer. All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.

#### Needle Exchange

- Funds from this award must be expended based on current federal policy restrictions on syringe service programs.

The recipient must use funds provided under the agreement for costs incurred in carrying out the purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.

- Reasonable means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
- Allocable means the costs are necessary to the award.
- Allowable means the costs are reasonable and allocable, and conform to any limitations set forth in the award.

The recipient is encouraged to obtain the Grants Management Officer's written determination in advance whenever the recipient is uncertain as to whether a cost will be allowable.

The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, SAMHSA will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

**Public Financial Management Assessment Clause:** The Parties acknowledge that HHS/SAMHSA has assessed the recipients systems required to manage the activities supported with U.S. Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation, or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/SAMHSA in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

It is the policy of HHS/SAMHSA to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations (UN) Security Council sanctions. In accordance with this policy, the applicant

agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

### **Prohibition on Assistance to Drug Traffickers**

- HHS/SAMHSA reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/SAMHSA who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/SAMHSA ("Designated Sub-recipient") until advised by HHS/SAMHSA that: (1) any U.S. Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
- The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

### **Conference Costs and Fees**

- U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign governments delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the SAMHSA in writing.

#### **Definitions:**

- A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state, and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the

conference location, in which country delegations participate through discussion, votes, etc.

- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

### **Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials**

- IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.
- PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

### **Attribution to PEPFAR**

- All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through HHS/SAMHSA under the terms of SAMHSA-FOA-TI-17-010.

### **Abortion and Involuntary Sterilization Restrictions**

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

### **Prohibition on Abortion-Related Activities:**

- No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit

persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term motivate, as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

- No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

### **Prostitution and Sex Trafficking**

- A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organizations opposition to the practices of prostitution and sex trafficking.

### **Trafficking in Persons Provision**

No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:

- engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
- procure any sex act on account of which anything of value is given to or received by any person; or
- use forced labor in the performance of this award.

If HHS/SAMHSA determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employees conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/SAMHSA may, without penalty, (i) require the Grantee to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.

For purposes of this provision, employee means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.

The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees.

### **Requirements for Voluntary Family Planning Projects**

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(1) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(2) The project must not include the payment of incentives, bribes, gratuities, or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(3) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

The recipient must notify SAMHSA when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (1), (2), or (3), above.

The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify SAMHSA about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

The recipient must provide SAMHSA such additional information about violations as SAMHSA may request.

### **Investment Promotion**

- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
- In the event the Applicant requires clarification from HHS/SAMHSA as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/SAMHSA and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/SAMHSA that it may do so.
- The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

### **Workers Rights**

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/SAMHSA as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/SAMHSA and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/SAMHSA that it may do so.
- The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- The term internationally recognized worker rights includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.

- The term worst forms of child labor means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

### **Contract Insurance Requirement**

To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/SAMHSA and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers compensation insurance or security as required by HHS/SAMHSA.

- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/SAMHSA.

### **Conscience Clause**

An organization, including a faith-based organization that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care:

- Shall not be required, as a condition of receiving such assistance;
- To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

## **Medically Accurate Information About Condoms**

Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

## **Financing of Terrorism**

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) (<http://www.state.gov/j/ct/rls/other/un/51110.htm>), UNSCR 1368 (2001) (<http://www.refworld.org/docid/3c4e94557.html>) , UNSCR 1373 (2001) (<http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=3c4e94552a>), and UNSCR 1989 (2011) (<http://www.refworld.org/docid/4e0c30382.html>) , both HHS/SAMHSA and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/SAMHSA to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/SAMHSA funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

## **Source and Nationality and Other Procurement Restrictions**

Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/SAMHSA may otherwise agree in writing and as follows:

- Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of countries included in Code 935. Also see subsection 7 below on use of U.S.-flag vessels.
- Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/SAMHSA may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/SAMHSA.

- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification, to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/SAMHSA in subsequent written communications between the parties.

Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.

Eligible countries for procurement: HHS/SAMHSA to identify for specific agreement.

### Transportation

In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/SAMHSA approval.

Unless HHS/SAMHSA determines that privately owned U.S.-flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:

- At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed by HHS/SAMHSA which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
- At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/SAMHSA and transported to the territory of the Grantee on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

### **Environmental Impact Statement**

HHS/SAMHSA and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/SAMHSA's environmental policies.

The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:

- Coversheet;
- Narrative with project specific information, including level of effort;
- Annexes;

- Environmental Screening Form (Table 1);
- Identification of Mitigation Plan (Table 2);
- Environmental Monitoring and Tracking Table (Table 3);
- Photos and Maps, as appropriate;
- The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental; and
- Examination (IEE) is required and should be completed and submitted to HHS/SAMHSA.

## **Branding**

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/reports/guidance/branding/index.htm>.

## **The 8% Rule**

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2017, the limit is no more than 8 percent of the country's FY 2017 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the

cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the countries covered by this FOA. For example, the proposal should state that the applicant has \$\_\_\_\_\_ in FY 2017 grants and cooperative agreements (for as many fiscal years as applicable) in Vietnam, Ukraine, or South Africa.