

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

Cooperative Agreement for the Historically Black Colleges
and Universities Center for Excellence in Behavioral Health

(Short Title: HBCU-CFE)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-013

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

PART 1: Programmatic Requirements

Note to Applicants: This document MUST be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA) PART II: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements.” PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You MUST use both documents in preparing your application.

Key Dates:

Application Deadline	Applications are due by March 24, 2017.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the application deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2017 Cooperative Agreement for the Historically Black Colleges and Universities (HBCU) Center for Excellence in Behavioral Health (HBCU-CFE). The purpose of this program is to continue to enhance the effort to network the 105 HBCUs throughout the United States to promote behavioral health, expand campus service capacity, and facilitate workforce development. The HBCU-CFE seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served and trained by the program. The goals of the HBCU-CFE are to promote student behavioral health to positively impact student retention; expand campus service capacity, including the provision of culturally and linguistically appropriate behavioral health resources; facilitate best practices dissemination and behavioral health workforce development; and increase awareness of the early signs of emotional distress and resources for early intervention.

Funding Opportunity Title:	Cooperative Agreement for the Historically Black Colleges and Universities Center for Excellence in Behavioral Health (Short Title: HBCU-CFE)
Funding Opportunity Number:	TI-17-013
Due Date for Applications:	March 24, 2017
Anticipated Total Available Funding:	\$500,000
Estimated Number of Awards:	One award
Estimated Award Amount:	Up to \$500,000 for one year
Cost Sharing/Match Required:	No
Length of Project Period:	One year

Eligible Applicants:	The 105 nationally recognized Historically Black Colleges and Universities (HBCUs) or a consortium of HBCUs with a lead college/university as the applicant. [See Section III-1 of this FOA for complete eligibility information.]
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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) and the Center for Mental Health Services (CMHS) are accepting applications for fiscal year (FY) 2017 Cooperative Agreement for the Historically Black Colleges and Universities (HBCU) Center for Excellence in Behavioral Health (HBCU-CFE). The purpose of this program is to continue to enhance the effort to network the 105 HBCUs throughout the United States to promote behavioral health, expand campus service capacity, and facilitate workforce development. The HBCU-CFE seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served and trained by the program. The goals of the HBCU-CFE are to promote student behavioral health to positively impact student retention; expand campus service capacity, including the provision of culturally and linguistically appropriate behavioral health resources; facilitate best practices dissemination and behavioral health workforce development; and increase awareness of the early signs of emotional distress and resources for early intervention.

SAMHSA has identified six Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The HBCU-CFE program aims to achieve the goals of the Workforce Development Strategic Initiative by promoting behavioral health education and awareness at HBCU campuses around the country. This aligns with the Workforce Development Initiative's goal of increasing the supply of trained and culturally aware preventionists, health care practitioners, paraprofessionals and peers to address the behavioral health needs of the nation.

The HBCU-CFE grant is authorized under sections 509 and 520(A) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental

Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

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 (TA) recipients of the grant program.

The HBCU-CFE will be expected to conduct:

- (1) Behavioral Health Education and Awareness – Support behavioral health promotion activities, emphasizing the use of social media and related communication campaigns to engage the HBCU network and provide opportunities for the appropriate access to care.
- (2) HBCU-CFE Behavioral Health Workforce Capacity Expansion Projects – Implement a process for designing and administering the Behavioral Health Capacity Expansion Projects.
- (3) Infrastructure Development – Serve as a liaison for the Annual Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy to assist HBCU student/faculty teams in addressing behavioral health needs on their campuses and developing a strategic plan to implement in response to the identified needs. The HBCU-CFE will also provide guidance and direction on aligning the Policy Academy and related activities with program priorities and technical assistance needs.

The key staff for this program will be the Project Director, Program Manager, and Lead Evaluator.

2.1 Required Activities

HBCU-CFE cooperative agreement funds must be used primarily to support the following activities:

Behavioral Health Education and Awareness Activities

- Facilitate communication and collaboration between and among HBCUs to promote behavioral health, expand campus service capacity, and facilitate workforce development.
- Maintain a database that can be easily accessed by students/faculty of culturally and linguistically appropriate behavioral health curricula, programs, publications, behavioral health screening protocols, and evidence-based practice implementation.

- Promote cost-effective, evidence-based and promising practices, including behavioral health screening and referral services, and disseminate information about emerging effective practices to HBCU campuses and community partners.
- Design and facilitate a “virtual” Behavioral Health Awareness Day using various technologies, as well as a communications campaign to engage all HBCUs.
- Promote awareness and access to behavioral health resources, such as SAMHSA’s Guide to Evidence-Based Practices on the Web (<http://www.samhsa.gov/ebpwebguide>), the National Registry of Evidence-Based Programs & Practices (NREPP), Behavioral Health Information Platform, Kognito, Check Yourself, peer counseling, recovery schools, Active Minds, and NAMI on Campus type approaches, and other related resources.
- Use innovative technology strategies to promote knowledge transfer, including the adoption of culturally and linguistically appropriate, evidence-based and promising practices, and the dissemination of research findings in the areas of behavioral health conditions.

HBCU-CFE Behavioral Health Workforce Capacity Expansion Projects

The grantee will be responsible for the conceptualization, coordination, monitoring, and implementation of campus-based behavioral health capacity expansion projects (including, but not limited to managing the application process, providing technical assistance, and overseeing the process to ensure accountability).

The purpose of the HBCU-CFE behavioral health workforce capacity expansion projects is to create a career ladder and pipeline and promote workforce development through expanding knowledge of best practices and leadership development that enhance the participation of African-Americans in the mental and substance use disorder professions; support the use of behavioral health promotion and prevention activities; expand screening and referral services for students at-risk of behavioral health disorders; expand knowledge of evidence-based and emerging best practices in the behavioral health field; address disparities in access, use, and outcomes of behavioral health services; and promote opportunities for HBCU institutions to foster behavioral health careers through internships at behavioral health sites. Through these one-year sub-awards, the HBCU-CFE will fund up to 30 behavioral health capacity expansion projects at up to \$7,500 each for a total of \$225,000. All HBCUs are eligible to apply, via a competitive process and receive sub-awards for behavioral health capacity expansion projects. However, priority will be given to schools that have not previously received a sub-award through the HBCU-CFE.

The goals of the HBCU-CFE Behavioral Health Workforce Capacity Expansion Projects are to:

- Increase student awareness of the early signs of emotional distress and resources for early intervention;
- Increase collaboration on behavioral health issues within and across HBCUs and their supporting communities;
- Enhance or increase delivery of behavioral health screening, treatment, and recovery support services to HBCU students;
- Increase behavioral health education and training programs on HBCU campuses;
- Increase the number of HBCU students interning in the behavioral health field, particularly in community-based organizations;
- Increase HBCU student exposure to career options in the behavioral health workforce;
- Establish or increase HBCU partnerships with local, regional, and state entities committed to increasing diversity in the behavioral health workforce; and
- Perform ongoing regional needs assessments to determine how to focus on those needs most critical to the effectiveness of mental illness/substance use treatment and recovery support services.

The Behavioral Health Workforce Capacity Expansion Projects must address disparities in access, use, and outcomes as part of the following focus areas:

- Increasing outreach and engagement of students who have been identified as being at higher risk for unaddressed behavioral health needs (e.g., veterans, LGBT students, non-traditional students, commuting students, women with or at-risk for HIV infection);
- Increasing service capacity expansion (e.g., increasing the number of peer counselors and educators across the network, encouraging the integration of primary and behavioral health care services on campuses, etc.); and
- Enhancing workforce development opportunities through partnerships with community-based providers and organizations.

Infrastructure Development

Support school and student growth and success by:

- Coordinating the annual Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy (formerly known as the Annual Dr. Lonnie E. Mitchell National

HBCU Substance Abuse and Mental Health Conference). This Policy Academy is designed to assist HBCU student/faculty teams in addressing substance use and mental health issues and needs on their campuses, including behavioral health disparities, and develop a strategic plan to be implemented in response to the identified needs.

- The Dr. Lonnie E. Mitchell HBCU-CFE Behavioral Health Policy Academy will be funded through a separate contract within SAMHSA. No grant funds may be used for the logistics of the Policy Academy. The HBCU-CFE will be responsible for coordinating with the SAMHSA contractor to provide support services including, but not limited to, providing guidance on the design and content focus of the policy academy and related activities; assisting the contractor with contact information for HBCU faculty and students; and serving as a liaison between the HBCUs, SAMHSA, and the contractor.
- Increasing capacity to develop certificate programs within and across HBCUs that lead to preparation for substance abuse certification exams, and/or student credentialing.
- Building and maintaining collaborative relationships with relevant key stakeholders across the HBCU network (e.g., state and local governments; provider associations; peer and family organizations; recovery community; faith-based; racial/ethnic-specific or LGBT organizations; other academic institutions; counselor credentialing bodies; and others) to advance the professional development of students and practitioners in behavioral health disorders.
- Enhancing the clinical and cultural competencies of mental and substance use disorders treatment practitioners, including capacity to deliver services in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards).
- Establishing a Steering Committee to inform HBCU-CFE implementation strategies. The Steering Committee should include administrators or lead faculty, and students from HBCUs and non-HBCUs (e.g., Tribal Colleges and Universities (TCUs) and Hispanic-Serving Institutions (HSIs)).

2.2 Allowable Activities

- Develop and provide culturally and linguistically appropriate training and other resource materials about the promotion of behavioral health, expansion of campus service capacity, and facilitation of workforce development for a variety of audiences (e.g., clinical supervisors, human resource managers, administrators and state/territory agency staff, front-line counseling staff, etc.).
- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of substance use and mental disorders prevention, treatment, and recovery support services, including working with

racial/ethnic-specific professional guilds and academic institutions that train and educate students for these professions.

- Develop strategies and materials to enhance recruitment and retention of substance use and mental disorders treatment practitioners.
- Coordinate regional and national training and technical assistance activities with professional associations.
- Provide on-site and distance learning opportunities for HBCU students and faculty.

2.3 Other Expectations

Promotion of SAMHSA Products and Collaboration with SAMHSA

To maximize distribution of SAMHSA products, the grantee will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses to be delivered. In addition, the grantee will be required to provide periodic updates to SAMHSA's Office of Communications, alerting SAMHSA of products and services, including training events that the grantee is making available.

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

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

¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked*. Rockville, MD.
<http://media.samhsa.gov/data/spotlight/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

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

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

2.4 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 disparities in access, service use, and outcomes among racial and ethnic minority populations, including but not limited to LGBT and training recipients.

This information will be gathered using CSAT Baseline and Follow-up Meeting Satisfaction Surveys, CSAT Baseline and Follow-up Training Surveys, and CSAT Baseline and Follow-up Technical Assistance Satisfaction Surveys. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access will be provided upon award. An example of the type of data collection tool required can be found at <http://www.samhsa.gov/grants/CSAT-GPRA/bestpractices.aspx>. The data must be collected at the end of each event and 30 days post-event (e.g., trainings, technical assistance, distance learning activities, Dr. Lonnie E. Mitchell Behavioral Health Policy Academies). The data must be entered within 7 business days of the data being collected. Grantees are also expected to achieve a follow-up rate of 80 percent on the CSAT Follow-up Meeting Satisfaction Surveys, CSAT Follow-up Training Surveys, and the CSAT Follow-up Technical Assistance Surveys that are collected 30 days post event. Training and technical assistance on data collection and data entry will be provided. Data must be reported in bi-monthly teleconference meetings and quarterly written reports.

The grantee will also be required to collect the following infrastructure development and mental health promotion/mental illness prevention measures:

- The number of organizations or communities implementing mental health-related training programs as a result of the grant.
- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- The number of individuals exposed to mental health awareness messages.
- The number of individuals who have received training in prevention or mental health promotion.

- The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion.
- The number of individuals screened for mental health or related interventions.
- The number of individuals referred to mental health or related services.

This information will be gathered using SAMHSA’s data-entry and reporting system, which can be found at <https://www.cmhs-gpra.samhsa.gov>, along with instructions. Data will be collected quarterly after entry of annual goals. Technical assistance for data entry and report generation is available.

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

No more than 10 percent of the total grant award may be used for data collection and performance measurement, e.g., activities required in Section I-2.4 above. Be sure to include these costs in your proposed budget (see [Appendix B](#)).

2.5 Grantee Meeting

The grantee must plan to send a minimum of three people (including the Project Director) to the Dr. Lonnie E. Mitchell Behavioral Health Policy Academy which will serve as the grantee meeting. The meeting will be held in FY 2018. You must include a detailed budget and narrative for this travel in your budget. The meeting will be up to three days. The meeting is usually held in the Washington, DC area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$500,000
Estimated Number of Awards:	One
Estimated Award Amount:	Up to \$500,000 for one year
Length of Project Period:	One year

Proposed budgets cannot exceed \$500,000 in total costs (direct and indirect) for the proposed project.

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

Cooperative Agreement

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:

- Comply with the terms and conditions of the cooperative agreement and collaborate with SAMHSA staff in project implementation.
- Provide SAMHSA with data required to comply with the GPRA Modernization Act of 2010. The grantee must meet with SAMHSA Project Officers within two months after award to begin discussing the grantee's data collection and how it will meet SAMHSA GPRA requirements.
- Participate with SAMHSA staff in any necessary development and refinement of HBCU-CFE policies, measures, and databases.
- Keep policies consistent with SAMHSA policies on data sharing, access to data and materials, and publications.
- Attend meetings with SAMHSA conducted in person, electronically, or by conference call.
- Provide funds for HBCU-CFE staff to attend relevant national meetings and conferences.
- Collaborate in planning and participate in any joint learning workshops with the Addiction Technology Transfer Centers (ATTCs), the Community Mental Health Block Grant, First Episode Psychosis Programs (FEP), and other appropriate SAMHSA-funded activities.
- Establish a Steering Committee to include administrators or lead faculty, and students from HBCUs and non-HBCUs (e.g., Tribal Colleges and Universities (TCUs) and Hispanic-Serving Institutions (HSIs)).
- Serve as a liaison to the HBCU Policy Academy.

Role of SAMHSA Staff:

- Work with the HBCU-CFE to help coordinate activities.
- Provide guidance and technical assistance across all the project's components, and conduct site visits as needed.
- Approve project implementation plan.

- Participate in any necessary development and refinement of the HBCU-CFE policies, measures, and databases.
- Facilitate the coordination of this program with other SAMHSA policies and activities, as appropriate.
- Approve Steering Committee structure and membership.
- Review and approve products prior to publication and dissemination.
- Participate in the implementation and coordination of campus-based behavioral health capacity expansion projects, including the approval of proposed projects and sub-awards.
- Approve the plan for the HBCU-CFE Policy Academy liaison.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the 105 nationally recognized HBCUs or a consortium of HBCUs with a lead college/university as the applicant. The recipient of the award will be the entity legally responsible for satisfying the grant requirements.

The purpose of Executive Order 13532 is to "strengthen the capacity of historically black colleges and universities to provide the highest quality education, increase opportunities for these institutions to participate in and benefit from federal programs, and ensure that our Nation has the highest proportion of college graduates in the world by the year 2020." The HBCU-CFE program responds to this Order by directing grant funds to the nationally recognized HBCUs, or a consortium of HBCUs, to promote behavioral health, facilitate best practices dissemination, and expand service capacity on HBCU campuses.

For a complete list of HBCUs please visit the following website:

<http://www.ed.gov/edblogs/whhbcu/one-hundred-and-five-historically-black-colleges-and-universities/>.

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 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation section provides additional information necessary for the review of your application. This supporting documentation must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Section II-3.1, Required Application Components.)
- **Attachments 1 through 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 – it will jeopardize the review of your application if you do.)**

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- **Attachment 3:** Sample Consent Forms
- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 24, 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 10 percent of the total grant award may be used for data collection and performance measurement, including incentives for participating in the required data collection follow-up.

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.

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

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for

reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 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. 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, e.g., race, ethnicity, federally recognized tribe, language, age, socioeconomic status, sexual orientation, and gender identity.
2. Discuss the current state of knowledge regarding culturally and linguistically competent services in treatment and prevention services for mental and substance use disorders, and describe how this knowledge will be disseminated and applied.

3. Describe the service gaps, barriers, and other problems related to the need for technical assistance.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and measurable objectives. These must relate to the intent of the FOA and performance measures you identify in [Section D: Data Collection and Performance Measurement](#).
2. Provide a chart or graph depicting a realistic time line for the entire 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. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element from each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
5. Demonstrate familiarity with state-of-the-art strategies and practices in mental health/substance use treatment and prevention including those for racial/ethnic minority and LGBT populations and technology transfer principles, strategies, and activities.
6. Clearly identify the total number of participants by race, ethnicity, and LGBT status you propose to train, as well as the total number of events you plan to offer. In addition, provide a break-down of the:
 - Number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
7. Number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.] 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 treatment and recovery support services.

8. Describe how you will promote the adoption of evidence-based/promising practices and state-of-the-art behavioral health research.
9. 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.
10. Describe how you will serve as a resource on mental illness/substance use treatment to community-based, faith-based, racial/ethnic-specific or LGBT organizations, recovery community organizations, consumers and family members, and other stakeholders.
11. Discuss how the project plan will use culturally and linguistically appropriate approaches and methods, and address the following issues in technology transfer needs and opportunities:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual orientation and gender identity ; and
 - Disability.
12. Describe the Steering Committee membership, roles and functions, and frequency of meetings.
13. Describe your collaborative relationships with relevant key stakeholders across the HBCU network (e.g., state and local governments; provider associations; other academic institutions; professional, recovery community, faith-based and racial/ethnic-specific or LGBT organizations; and related systems of care) and discuss how these entities can help implement the needed technical assistance. If these relationships do not exist, describe how you plan to develop them in order to formulate knowledge, needs assessments and design technology transfer initiatives to respond to the needs of the institutions to be served in an equitable manner. Describe how your activities will improve student access, use and outcomes of behavioral health services within HBCUs and workforce development opportunities
14. Please describe how you will oversee the Workforce Capacity Enhancement Projects.

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. If you are not partnering with any other organizations, indicate so in your response.
3. Provide a complete list of staff positions for the project, including the Project Director, Program Manager, Lead Evaluator, and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
4. Discuss how key staff 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.
2. Describe your plan for data collection, management, analysis, and reporting.
3. Specify and justify any additional measures you plan to use for your grant project.

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 CMHS and 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>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Shannon Taitt
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
240-276-1691
shannon.taitt@samhsa.hhs.gov

Alexia Blyther
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
240-276-2254
alexia.blyther@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix A – 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. The applicant 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
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

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

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

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

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

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

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

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

FEDERAL REQUEST

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

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

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

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

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

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

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

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

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

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

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

***FOR REQUESTED FUTURE YEARS:**

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

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix G, 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-5](#).**

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infra-structure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$11,250
Fringe	\$558	\$558	\$558	\$558	\$558	\$2,790
Travel	0	0	0	0	0	0
Equipment	\$15,000	0	0	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$1,575	\$1,575	\$7,875
Contractual	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$25,000
Other	\$1,617	\$2,375	\$2,375	\$2,375	\$2,375	\$11,117
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$11,758	\$11,758	\$53,072
Indirect Charges	\$750	\$750	\$750	\$750	\$750	\$3,750

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Total Infrastructure Costs	\$6,750	\$12,508	\$12,508	\$12,508	\$12,508	\$56,782

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