

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

**Comprehensive Addiction and Recovery Act: Building**  
**Communities of Recovery**

**(Short Title: BCOR)**

**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. TI-17-015**

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

**PART 1: Programmatic Guidance**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by July 3, 2017.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</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 Comprehensive Addiction and Recovery Act: Building Communities of Recovery (Short Title: BCOR). The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs will be principally governed by people in recovery from substance abuse and addiction who reflect the community served.

<b>Funding Opportunity Title:</b>	Comprehensive Addiction and Recovery Act: Building Communities of Recovery (Short Title: BCOR)
<b>Funding Opportunity Number:</b>	TI-17-015
<b>Due Date for Applications:</b>	July 3, 2017
<b>Anticipated Total Available Funding:</b>	\$2,600,000
<b>Estimated Number of Awards:</b>	13
<b>Estimated Award Amount:</b>	Up to \$200,000 per year
<b>Cost Sharing/Match Required</b>	Yes.  [See <u>Section III-2</u> of this FOA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	RCOs that are domestic, private nonprofit entities in states, territories, or tribes.  [See <u>Section III-1</u> of this FOA for complete eligibility information.]

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

**IMPORTANT APPLICATION INFORMATION:** SAMHSA's application procedures have changed. **All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. SAMHSA will not be able to accept applications from applicants that do not complete the registration process. No exceptions will be made.** 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 Comprehensive Addiction and Recovery Act: Building Communities of Recovery (Short Title: BCOR). The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs will be principally governed by people in recovery from substance abuse and addiction who reflect the community served.

SAMHSA recognizes the essential role of recovery support for persons with substance abuse and addiction in order for them to maintain their overall health and wellness. SAMHSA recognizes all pathways to recovery including abstinence attained with FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Participation in evidence based clinical treatment services produces the best recovery outcomes when paired with robust recovery supports. SAMHSA expects to improve long term recovery for persons with substance abuse and addiction through the provision of individualized recovery supports and sustained support for recovery-focused community efforts. The latter is achieved by building connections between recovery networks, between Recovery Community Organizations (RCOs), and with other RSS, as well as by conducting public

education and outreach on issues relating to drug/alcohol addiction and recovery. Grantees may use funds to: 1) build connections between recovery networks, between RCOs, and with other RSS; 2) reduce the stigma associated with drug/alcohol addiction; and 3) conduct public education and outreach on issues relating to drug/alcohol addiction and recovery.

BCOR grants are authorized under Section 547 of the Public Health Service Act, as amended by Section 302 of the Comprehensive Addiction and Recovery Act of 2016. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

NOTE: SAMHSA is also offering a grant opportunity for RCOs titled “Recovery Community Services Program – Statewide Network (Short Title: RCSP-SN)” for FY 2017. Applicants may submit an application in response to one or both grant solicitations. However, an applicant organization may only receive one award, either the RCSP-SN or BCOR grant. If an applicant is determined to be in the fundable range for both grant awards, the application with the higher score will be awarded. SAMHSA reserves the right to award the application with the lower score if there is a shortage of fundable applications under a particular announcement. If you receive an award under this announcement and another RCO in your state receives an RCSP-SN award it is expected that you will coordinate efforts with that entity. The aforementioned RCSP-SN grant solicitation may be found on SAMHSA’s website at <https://www.samhsa.gov/grants/grant-announcements/ti-17-006>.

## **2. EXPECTATIONS**

The key staff for this program will be the Project Director and Project Coordinator. While there are no minimum level of effort requirements in this grant, your budget and budget justification should adequately demonstrate how you intend to execute the deliverables outlined in your proposal through use of the proposed staffing pattern.

### **Required Activities:**

You must use BCOR funds to primarily develop, expand, and enhance community and statewide RSS, including:

- Peer Recovery Support Services (PRSS), designed and delivered by people who have experienced both drug/alcohol addiction and recovery. Since PRSS are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery. Examples would be using funds for peer mentors, recovery coaches or recovery support specialists; and

- RSS, defined as non-clinical services that directly assists individuals and families to recover from alcohol or drug problems. They include social support, linkage to allied service providers (i.e. TANF, Medicaid), and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life (e.g., housing linkages, child care, vocational, educational, legal, and transportation services, etc.). These services may be provided prior to, during, and after treatment.

**Allowable Activities:**

- Build connections through infrastructure building between recovery networks, between RCOs, and with other RSS, including:
  - substance use and/or mental disorder treatment programs and systems;
  - primary care providers and physicians;
  - the criminal justice system;
  - employers;
  - housing services;
  - child welfare agencies; and
  - other RSS that facilitate recovery from addiction.
- Activities designed to reduce discrimination and/or negative attitudes against people with addiction and in recovery from drug/alcohol addiction.
- Conduct public education, training (including addiction peer recovery coach training), and outreach on issues relating to drug/alcohol addiction and recovery, including:
  - identifying the signs of drug/alcohol addiction;
  - the resources that are available for individuals struggling with drug/alcohol addiction;
  - the resources that are available to help support individuals in recovery;
  - information on the medical consequences of addiction, including neonatal abstinence syndrome among infants exposed to opioids during pregnancy and potential infection with human immunodeficiency virus and viral hepatitis;
  - identification or development of resources available to individuals struggling with drug/alcohol addiction and to families with a family member struggling with, or being treated for drug/alcohol addiction, including programs that mentor and provide support services to children; and
  - promoting other activities that strengthen the network of community support for individuals in recovery.

**Other Expectations:**

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their grant application. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent<sup>1</sup> of all cigarettes smoked and can experience serious health consequences<sup>2</sup>. 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).

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan.

Recovery has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10

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<sup>1</sup> 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>

<sup>2</sup> 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.

guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

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

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

## **2.1 Using Evidence-Based Practices**

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. However, SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix A](#) of this document for additional information about using EBPs. In [Section C](#) of your project narrative, you will need to:

- Identify the EBP(s) you propose to implement for the specific population(s) of focus. If an EBP does not exist/apply for your program/population(s) of focus, describe the service/practice you plan to implement as an appropriate alternative.
- If you are proposing to use more than one EBP, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus. Indicate whether/how the practice(s) will be adapted for a specific population. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

[Note: See PART II: Appendix C - Standard Funding Restrictions, regarding allowable costs for EBPs.]

## **2.2 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section E: Data Collection and Performance Measurement of your application. Grantees providing direct recovery support services to clients under the required activities section will be required to report on the following performance measures for clients:

- Use of illegal drugs or misused alcohol or prescription drugs during the past month;
- Employment status and/or engagement in productive activities;
- Involvement with the criminal justice system;
- Housing stability in the community; and
- Positive social connections and have experienced increased access to recovery support and other services.

Data will be collected via a face-to-face interview using a tool at three data collection points: intake to services, six months post intake, and termination from the program (if applicable). Grantees will be expected to complete a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent.

For infrastructure activities, grantees will be required to report performance on the following performance measures:

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

This information will be gathered using a uniform data collection tool provided by SAMHSA. 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-gpra.samhsa.gov> (click

'Click Here to Enter SAIS', then click on 'Data Collection Tools/Instructions', and then click 'Services'), along with instructions for completing it. The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

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

### **2.3 Local Performance Assessment**

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

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:*

##### *For Required Activities*

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?

##### *For Allowable Activities, as applicable*

- What effect did your project have on expanding RSS within the state or locality?
- What impact did your project have in facilitating collaboration between and among RCOs and RSS stakeholders of addiction treatment and other purchasers of RSS?

- How successful was your organization in becoming members of state and local addiction/recovery planning boards, councils, and workgroups?
- What impact did your project have on the sustainability of RSS? Were you successful in facilitating collaborations among purchasers of RSS to fortify recovery sustainability in the state?

As a result of the project work, were you able to facilitate the integration of RSS into primary care and other approaches to behavioral healthcare provision?

*Process Questions:*

*For Required Activities*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan and what led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- How many individuals were reached through the program?

*For Allowable Activities*

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

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

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

## 2.4 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in every other year of the grant. For this grant cohort, grantee meetings will likely be held in years one and three of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$2,600,000
<b>Estimated Number of Awards:</b>	13
<b>Estimated Award Amount:</b>	Up to \$200,000 per year
<b>Length of Project Period:</b>	Up to 3 years <b>(Proposed Project: Start Date: 9/30/2017 End Date: 9/29/2020)</b>

**Proposed budgets cannot exceed \$200,000 in total costs for the Federal portion (non-match, direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

The statute limits eligibility for this program to RCOs that are domestic private nonprofit entities in states, territories, or tribes. RCOs are independent, non-profit organizations led and governed by representatives of local communities of recovery. To ensure that recovery communities are fully represented, only organizations controlled and managed by members of the addiction recovery community are eligible to apply. In addition, if an applicant applies for both the RCSP and BCOR programs and both applications are determined to be in the fundable range, the application with the higher score will be awarded. Eligible applicants must meet the following requirements:

1. An applicant organization meets the criteria of a RCO as provided in the paragraph above;
2. Include a letter in Attachment 5 from the IRS designating that the applicant organization is a 501(c)(3); and
3. Include a letter in Attachment 5 from the Board of Directors assuring that the organization submitting the application has served as a domestic non-profit RCO for a minimum of two years.

#### **2. COST SHARING and MATCH REQUIREMENTS**

Non-federal matching funds are required under the statutory authority (Sec. 547(c) of the PHS ACT) for the BCOR program. Non-federal contributions are required and may be in cash or in-kind, fairly evaluated. The matching funds must not be less than \$1 for each \$1 of federal funds provided in all years of the grant. Matching funds must meet the same test of allowability as costs charged to federal grants. Sources of matching funds are state and local governmental appropriations (non-federal), foundations, and other private non-profit or for-profit organizations. In-kind contributions may include facilities, equipment, or services used in direct support of the project.

In **Attachment 6** of the application, you must provide a letter from the funding source(s) attesting that the matching funds are available, and are not derived from federal sources. **Applications that do not contain documentation of available non-federal matching funds in Attachment 6 will be screened out and will not be considered for an award.**

### **IV. APPLICATION AND SUBMISSION INFORMATION**

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

## 1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Budget Information Form** – Use SF-424A. Fill out all Sections of the SF-424A. Please note the following:
  - **In Line #17 of the SF-424** please input the following information: (Proposed Project: a. Start Date: 9/30/2017; b. End Date: 9/29/2020).
  - **Section A** – Budget Information – Non-Construction Programs: Use the first row only (Line 1) to report the total federal funds and non-federal funds requested for the 1<sup>st</sup> year of your project only.
  - **Section B** – Budget Categories: Use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the 1<sup>st</sup> year of your project only.
  - **Section D** – Forecasted Cash Needs: Use the first column “*Total for 1<sup>st</sup> Year*” only to enter the amount requested (federal and non-federal) for Year 1 of the project period
  - **Section E** – Budget Estimates of Federal Funds Needed for Balance of the Project is for the amount requested for Year 2 and Year 3.

A sample budget and justification is included in [Appendix D](#) of this document. **It is highly recommended that you use the sample budget format in [Appendix D](#). 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 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3, 4, and 6 combined. There are no page limitations for Attachments 2 and 5. 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:** Letter of Commitment from any organization (s) participating in the proposed project. **(Do not include any letters of support. Reviewers will not consider them if you do.)**
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).
  - **Attachment 5:** (1) Certificate of Eligibility (see [Appendix E](#)); (2) IRS letter designating the applicant organization is a 501(c)(3); and (3) letter from the organization’s Board of Directors assuring the applicant has served as a domestic non-profit RCO for at least two years.
  - **Attachment 6:** Letter from the funding source(s) attesting that the matching funds are available and are not derived from federal sources. See [Section III-2](#).

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **July 3, 2017**.

**IMPORTANT APPLICATION INFORMATION:** SAMHSA's application procedures have changed. **All applicants must register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. SAMHSA will not be able to accept applications from applicants that do not complete the registration process. No exceptions will be made.** Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements). Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

### **3. FUNDING LIMITATIONS/RESTRICTIONS**

- No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment. Please 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 25 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

### **Section A: Statement of Need (15 points)**

1. Provide detailed information on the need for development, expansion and enhancement of community and statewide RSS. Document the prevalence of RSS in the state or community, how they are funded and by which entities. Document the perceived gap between the need for RSS and present funding based upon your knowledge of what presently exists. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA’s National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.
2. Describe the stakeholders and resources in the state that currently exist.
3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective RSS in the proposed catchment area that is consistent with the purpose of the program and intent of the FOA. Include the service gaps and other problems related to the need for infrastructure development. Indicate why these service gaps have not been addressed and identify the existing barriers to addressing these gaps. Explain how BCOR funds will help you overcome these barriers.

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

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

performance measures you identify in [Section D: Data Collection and Performance Measurement](#).

2. Clearly state at the activities on which the project will focus. Describe your approach for implementing each of these activities and how this approach relates to achievement of the overall goals and objectives of the project.
3. Describe how achievement of goals will increase system capacity to support effective RSS.
4. Describe your business philosophy regarding capacity building, revenue generation, and other means of strengthening RCOs and statewide peer/recovery networks and how it would be applied to improve RSS infrastructure in your state.
5. Describe the stakeholders and resources in the catchment area that can help implement the project.
6. Provide a chart or graph depicting a realistic timeline for the entire three years of the project period, showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in [Section I-2: Expectations](#). [Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.]
7. Describe how the key activities in your timeline will be implemented.
8. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to <http://ThinkCulturalHealth.hhs.gov>). Select one element from each of the CLAS Standards: 1) Governance, Leadership, and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.
9. Identify any other organization(s) that will participate in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including letters of commitment from each partner in **Attachment 1** of your application.

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

1. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.

2. Discuss the capability and experience of other partnering organizations (if applicable) with similar projects and populations.
3. Describe the approach that will be used to ensure that people in recovery will be in positions of leadership and management on this project.
4. Provide a complete list of staff positions for the project, including the Project Director and Project Coordinator, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
5. Discuss how key staff have demonstrated experience in collaborating with other purchasers of RSS and are qualified to develop the infrastructure for the identified population to engage in activities and are familiar with their culture(s) and language(s).

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

1. Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this FOA.
2. Describe your specific plan for tracking services delivered to individual clients.

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

3. Describe your plan for conducting the local performance assessment as specified in [Section I-2.3](#) of this FOA and document your ability to conduct the assessment.
4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

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

You must provide a narrative justification 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 D - Sample Budget and Justification](#), of this document. **It is highly recommended that you use the Sample Budget format in [Appendix D](#). 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 C](#) 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

- If applying for both the RCSP and BCOR grant programs and both applications are determined to be in the fundable range, the application with the higher score will be awarded.
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)].

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

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

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Matthew T. Clune  
Center of Substance Abuse Treatment, Division of Services Improvement  
Substance Abuse and Mental Health Services Administration  
(240) 276-1619  
[Matthew.clune@samhsa.hhs.gov](mailto:Matthew.clune@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

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

## Appendix A – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain practices for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other practices that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with a practice that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the EBP(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this EBP over other evidence-based practices.
- If applicable, justify the use of multiple EBPs. Discuss how the use of multiple EBPs will be integrated into the program. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

### **Resources for Evidence-Based Practices (EBPs):**

You will find information on EBPs at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions. The *Resource Library* provides a short description and a link to dozens of websites with relevant EBPs information – either specific interventions or comprehensive reviews of research findings.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see PART II: Appendix C – Standard Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix B – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]  
\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>3</sup> (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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

\_\_\_\_\_  
Date

<sup>3</sup> Tribes and tribal organizations are exempt from these requirements.

## **Appendix C – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

#### **1. Protect Clients and Staff from Potential Risks**

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Fair Selection of Participants**

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

#### 5. Privacy and Confidentiality

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

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

#### 6. Adequate Consent Procedures

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

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

#### 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

### **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## Appendix D – Sample Budget and Justification (match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. 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) Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

**NON-FEDERAL MATCH**

<b>Position</b>	<b>Name</b>	<b>Annual Salary/Rate</b>	<b>Level of Effort</b>	<b>Cost</b>
(1) Project Director	John Doe	\$64,890	7%	\$4,542
(2) Prevention Specialist	Sarah Smith	\$26,000	25%	\$6,500
(3) Peer Helper	Ron Jones	\$23,000	40%	\$9,200
(4) Clerical Support	Susan Johnson	\$13.38/hr × 100 hr.		\$1,338
			<b>TOTAL</b>	<b>\$21,580</b>

**JUSTIFICATION: Describe the role and responsibilities of each position.**

- (1) The Project Director will provide daily oversight of grant and will be considered key staff.
- (2) The Prevention development specialist will provide staffing support to the working council.
- (3) The peer helper will be responsible for peer recruitment, coordination and support.
- (4) The clerical support will process paperwork, payroll, and expense reports which is not included in the indirect cost pool.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6a of form SF424A) **\$21,580**

**B. Fringe Benefits:** List all components of fringe benefits rate

**FEDERAL REQUEST**

<b>Component</b>	<b>Rate</b>	<b>Wage</b>	<b>Cost</b>
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>

**NON-FEDERAL MATCH**

Component	Rate	Wage	Cost
FICA	7.65%	\$21,580	\$1,651
Workers Compensation	2.5%	\$21,580	\$540
Insurance	10.5%	\$21,580	\$2,266
		<b>TOTAL</b>	<b>\$4,457</b>

**JUSTIFICATION:** Fringe reflects current rate for agency.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6b of form SF424A) **\$4,457**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail. 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 × 2 persons	\$400
		Hotel	\$180/night × 2 persons × 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day × 2 persons 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$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 (POV) reimbursement rate. If policy does not have a rate use GSA.

**NON-FEDERAL MATCH**

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Regional Training Conference	Chicago, IL	Airfare	\$150/flight × 2 persons	\$300
		Hotel	\$155/night × 2 persons × 2 nights	\$620
		Per Diem (meals)	\$46/day × 2 persons × 2 days	\$184
(2) Local Travel	Outreach workshops	Mileage	350 miles × .38/mile	\$133
			<b>TOTAL</b>	<b>\$1,237</b>

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

- (1) Grantees will provide funding for two members to attend the regional technical assistance workshop (our closest location is Chicago, IL).
- (2) Local travel rate is based on agency’s POV reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A) **\$2,444**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6c of form SF424A) **\$1,237**

**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 SF424A) **\$0**

**NON-FEDERAL MATCH** – (enter in Section B column 2 line 6d of form SF424A) **\$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. × 12 mo.	\$600
Postage	\$37/mo. × 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies × .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 is needed for both project work and presentations.
- (3) The projector is needed for presentations and outreach workshops.

**All costs were based on retail values at the time the application was written.**

## NON-FEDERAL MATCH

Item(s)	Rate	Cost
General office supplies	\$50/mo. × 12 mo.	\$600
Bookcase	\$75	\$75
Digital camera	\$300	\$300
Fax machine	\$150	\$150
Computer	\$500	\$500
Postage	\$37/mo. × 4 mo	\$148
	<b>TOTAL</b>	<b>\$1,773</b>

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

(1) The local television station is donating the bookcase, camera, fax machine, and computer (items such as these can only be claimed as match once during the grant cycle and used for the project). The “applying agency” is donating the additional costs for office supplies and postage.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF424A) **\$3,796**

**NON-FEDERAL MATCH** - (enter in Section B column 2 line 6e of form SF424A) **\$1,773**

**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 NARRATIVE JUSTIFICATION. 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 × 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080
(3) Jane Doe (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 × 12 months or \$570 *Telephone @ \$60 × 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Doe	Evaluator	\$40 per hour × 225 hours	12 month period	\$9,000

Name	Service	Rate	Other	Cost
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 × 10% level of effort		\$3,000
			<b>TOTAL</b>	<b>\$86,997</b>

**JUSTIFICATION: Explain the need for each contractual agreement and how they relate 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 and is knowledgeable about the target population 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, 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 SF424A) \$86,997**

**NON-FEDERAL MATCH (Consultant)**

Name	Service	Rate	Other	Cost
Jane Doe	Outreach meeting facilitation	\$43.00/hr. × 20 hrs./month × 12 months		\$10,320
	Travel Expenses	148 miles/month @ .38/mile × 12 months		\$675
			<b>TOTAL</b>	<b>\$11,051</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

- (1) Facilitator volunteering his/her time to facilitate the youth prevention and outreach sessions outlined in the strategic plan. Hourly rate is based on an average salary of an outreach facilitator in the geographic area.
- (2) Travel is based on average distance between facilitator's location and the meeting site. Mileage rate is based on POV reimbursement rate.

**NON-FEDERAL MATCH (Contract)**

Entity	Product/Service	Cost
(1) West Bank School District	Student Assistance Program for 50 students @ \$300 per year	\$15,000
	<b>TOTAL</b>	<b>\$15,000</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

- (1) West Bank School District is donating their contracted services to provide drug testing, referral and case management for 50 non-school attending youth. Average cost is \$300/person.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

**NON-FEDERAL MATCH** -(enter in Section B column 2 line 6f of form SF424A) **\$26,051**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

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

**JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot, etc.). 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, it 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) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % 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).

**NON-FEDERAL MATCH**

Item	Rate	Cost
(1) Space rental	\$75/event × 12 events/year	\$900
(2) Internet services	\$26/mo. × 12 mo.	\$312
(3) Student surveys	\$1/survey × 1583 surveys	\$1,583
(4) Brochures	.97/brochure × 1500 brochures	\$1,455
	<b>TOTAL</b>	<b>\$4,250</b>

**JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.**

(1) Donated space for the various activities outlined in the scope of work, such as teen night out, after-school programs, and parent education classes.

(2) The applying agency is donating the internet services for the full-time coordinator.

(3) The ABC Company is donating the cost of 1,583 for student surveys.

(4) The ABC Company is donating the printing costs for the bi-monthly brochures.

All costs are the value placed on the service at the time of this grant application.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A) **\$15,815**

**NON-FEDERAL MATCH** - (enter in Section B column 2 line 6h of form SF424A) **\$4,250**

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

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

*\*Training grants, indirect costs are limited to 8%.*

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A)

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

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6j of form SF424A)

8% of personnel and fringe(.08 × \$26,037) **\$2,083**

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**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF424A) **\$172,713**

**NON-FEDERAL MATCH** -(enter in Section B column 2 line 6i of form SF424A) **\$59,348**

**INDIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF424A) **\$5,093**

**NON-FEDERAL MATCH** –(enter in Section B column 2 line 6j\* of form SF424A) **\$2,083**

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

**FEDERAL REQUEST** – (enter in Section B column 1 line 6k of form SF424A) **\$177,806**

**NON-FEDERAL MATCH**-(enter in Section B column 2 line 6k of form SF424A) **\$61,431**

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**UNDER THIS SECTION REFLECT OTHER 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 all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means.**

**Provide the total proposed Project Period Federal & Non-Federal funding as follows:**

**Proposed Project Period**

a. Start Date:	<b>09/30/2017</b>	b. End Date:	<b>09/29/2020</b>
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**BUDGET SUMMARY (should include future years and projected total)**

<b>Category</b>	<b>Federal Request For Year 1</b>	<b>Non-Federal Match for Year 1</b>	<b>Year 2 Federal Request *</b>	<b>Year 2 Non-Federal Match *</b>	<b>Year 3 Federal Request *</b>	<b>Year 3 Non-Federal Match *</b>
<b>Personnel</b>	<b>\$52,765</b>	<b>\$21,580</b>	<b>\$54,348</b>	<b>\$1,338</b>	<b>\$55,978</b>	<b>\$40,000</b>
<b>Fringe</b>	<b>\$10,896</b>	<b>\$4,457</b>	<b>\$11,223</b>	<b>\$275</b>	<b>\$11,558</b>	<b>\$8,260</b>
<b>Travel</b>	<b>\$2,444</b>	<b>\$1,237</b>	<b>\$2,444</b>	<b>\$2,000</b>	<b>\$2,444</b>	<b>\$1,500</b>
<b>Equipment</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Supplies</b>	<b>\$3,796</b>	<b>\$1,773</b>	<b>\$3,796</b>	<b>\$2,000</b>	<b>\$3,796</b>	<b>\$2,000</b>
<b>Contractual</b>	<b>\$86,997</b>	<b>\$26,051</b>	<b>\$86,997</b>	<b>\$67,000</b>	<b>\$86,997</b>	<b>\$15,000</b>
<b>Other</b>	<b>\$15,815</b>	<b>\$4,250</b>	<b>\$13,752</b>	<b>\$52,387</b>	<b>\$11,629</b>	<b>\$5,786</b>
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$59,348</b>	<b>\$172,560</b>	<b>\$125,000</b>	<b>\$172,403</b>	<b>\$72,546</b>
<b>Indirect Charges</b>	<b>\$5,093</b>	<b>\$2,083</b>	<b>\$5,246</b>	<b>\$129</b>	<b>\$5,403</b>	<b>\$3,861</b>
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$61,431</b>	<b>\$177,806</b>	<b>\$125,129</b>	<b>\$177,806</b>	<b>\$76,407</b>

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

**NON-FEDERAL MATCH**(enter in Section B column 2 line 6k of form SF424A) **\$412,879**

**\* 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 policies and procedures that state all employees within the organization will receive a COLA.**

## Appendix E – Certificate of Eligibility

An authorized representative of the applicant organization (whose signature appears on the Face Page of the application, SF-424) must complete and sign this Certificate.

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

1. An applicant organization meets the criteria of a RCO as provided above.  
Resource which clarifies in some depth the definition of a RCO:  
<http://www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf>.
2. Letter from the IRS designating that the applicant organization is a 501(c)(3).
3. A letter from the Board of Directors of the organization submitting this application assuring that the organization has served as a domestic non-profit recovery community organization for a minimum of two years. This letter should be included in **Attachment 5** of the application.

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

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Type or Print Name and Title

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

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Date of Signature