

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

Comprehensive Addiction and Recovery Act

**State Pilot Grant Program for Treatment for Pregnant and
Postpartum Women**

(Short Title: PPW-PLT)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-016

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

PART 1: Programmatic Guidance

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

Key Dates:

Application Deadline	Applications are due by July 3, 2017.
Intergovernmental Review (E.O. 12372)	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.
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.

Table of Contents

I.	FUNDING OPPORTUNITY DESCRIPTION.....	5
1.	PURPOSE.....	5
2.	EXPECTATIONS	6
II.	AWARD INFORMATION.....	14
III.	ELIGIBILITY INFORMATION.....	14
1.	ELIGIBLE APPLICANTS.....	14
2.	COST SHARING and MATCH REQUIREMENTS	15
3.	EVIDENCE OF EXPERIENCE AND CREDENTIALS	15
IV.	APPLICATION AND SUBMISSION INFORMATION	16
1.	ADDITIONAL REQUIRED APPLICATION COMPONENTS.....	16
2.	APPLICATION SUBMISSION REQUIREMENTS	17
3.	FUNDING LIMITATIONS/RESTRICTIONS.....	18
4.	INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	18
V.	APPLICATION REVIEW INFORMATION	19
1.	EVALUATION CRITERIA.....	19
2.	REVIEW AND SELECTION PROCESS.....	24
VI.	ADMINISTRATION INFORMATION.....	25
1.	REPORTING REQUIREMENTS	25
VII.	AGENCY CONTACTS	25
	Appendix A – Using Evidence-Based Practices (EBPs).....	26
	Appendix B – Statement of Assurance	28
	Appendix C – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines	29
	Appendix D – Sample Budget and Justification (match required).....	34

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 of 2016, State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT). The purpose of the program is to enhance flexibility in the use of funds designed to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

Funding Opportunity Title:	State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT)
Funding Opportunity Number:	TI-17-016
Due Date for Applications:	July 3, 2017
Anticipated Total Available Funding:	\$3,300,000
Estimated Number of Awards:	3
Estimated Award Amount:	Up to \$1,100,000
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are Single State Agencies (SSAs) for Substance Abuse. [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 of 2016, State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT). The purpose of the program is to enhance flexibility in the use of funds designed to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

As a result of this program, SAMHSA seeks to: 1) reduce the abuse of alcohol and other drugs; 2) increase engagement in treatment services; 3) increase retention in the appropriate level and duration of services; and 4) increase access to the use of medications approved by the Food and Drug Administration in combination with counseling for the treatment of drug addiction.

The PPW-PLT is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the seventh month of the project at the latest.

PPW-PLT grants are authorized under Section 501 of the Comprehensive Addiction and Recovery Act of 2016 and Section 508 of the Public Health Service Act, as amended.

This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

2. EXPECTATIONS

SAMHSA funds will: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

At least 75 percent of the total grant award must be used to provide services. Grantees are not required to provide residential based services, but if a grantee elects to provide such services then no more than 15 percent of service funds may be used for residential treatment. No more than 25 percent of the total grant award may be used for infrastructure development/improvements at the state level to increase and improve statewide capacity to provide effective, efficient, accessible treatment and recovery support services, and to create a more integrated and collaborative family based system of care for pregnant and postpartum women. Up to 15 percent of this amount may be used for data collection, performance, management, and performance assessment (see Sections I-[2.2](#) and [2.3](#)). Applicants must clearly define the breakdown of funds regarding services and infrastructure development/improvement in their proposed budget.

SAMHSA anticipates that this grant will require a staff level of effort (LOE) equivalent of 100 percent to provide leadership, coordination, and oversight of this program. The LOE may be split amongst multiple individuals, such as the Project Director and the women's service coordinator that is supported by the SAPT Block Grant, to meet the 100 percent LOE requirement.

Required Activities:

Family-Based Services for Pregnant and Postpartum Women

- Facilitate the availability of family-based treatment and recovery support services. This includes the provision of services for pregnant and postpartum women, their minor children, age 17 and under, and other family member of the women and children as deemed necessary. **Note: Grantees must use a minimum of 75 percent of grant funds for services; if a grantee elects to provide residential based services then no more than 15 percent of these funds may be used for residential treatment.** Services may be directly provided by the grantee, purchased through grants/contract(s) with other providers, or made available through memoranda of understanding or agreement (MOUs/MOAs) with other providers. The CSAT Center Director convened and

solicited recommendations from various stakeholders including SSAs, providers, and people in recovery on the essential services that should be delivered to support a family-centered treatment approach to this population. Based on this input, the following core services were identified:

- Outreach, engagement, screening, and assessment;
- “Wrap-around”/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention in services. [Note: Grant funds may be used to purchase such services from another provider].

Family-focused programs to support family strengthening and reunification, including parenting education and evidence-based interventions and social and recreational activities;

- Clinically appropriate evidence-based practices (EBPs) for treatment of persons with a primary diagnosis of SUDs including opioid use disorders, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproprietary formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions (e.g., counseling). For more information on MAT: <https://www.samhsa.gov/medication-assisted-treatment>.
 - Mental health care that includes a trauma-informed system of assessments, interventions, and social-emotional skill building services; and
 - Case management.
- Promote effective and efficient coordination and delivery of services across multiple systems and providers (e.g., behavioral health, primary care, housing, child and family services).

State Infrastructure Development

- Develop a needs assessment using statewide epidemiological data (where available if a needs assessment effort is already in place, work with the local, state, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and its findings). The needs assessment should identify gaps in services furnished to pregnant and postpartum women along the

continuum of care with a primary diagnosis of a substance use disorder, including opioid use disorders. **Note: Data from a preliminary needs assessment should be submitted with your application in Attachment 5 and a completed needs assessment will be required within 90 days of the award.**

- Develop and implement a state strategic plan or enhance an existing plan to ensure sustained partnerships across public health and other systems that will result in short- and long-term strategies to support family-based treatment services along the continuum of care for pregnant and postpartum women. The elements of the implementation plan include but are not limited to: identifying geographic and population specific areas of high need, service gaps, resources, goals, strategies and activities including policy change, infrastructure development, and program/service development. **Note: The draft statewide plan is due upon application in Attachment 5 and a final plan within 90 days of the award.**

Allowable Activities:

In addition to the required activities, other allowable infrastructure activities include the following:

- Adopt and/or enhance your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Train or develop the workforce to help state staff or community provider employees to identify mental health or substance abuse or provide effective services consistent with the purpose of the grant program.
- Develop policy to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)¹.

¹ For purposes of this FOA, “policy” refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”) proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grass-roots lobbying efforts and direct lobbying. However, for state, local, and other

Other Requirements and Expectations:

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

Although people with behavioral health conditions represent about 25 percent of the U.S. adult population, these individuals account for nearly 40 percent² of all cigarettes smoked and can experience serious health consequences³. 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

governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

² 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>

³ 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.

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 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 evidence-based practices you propose to implement for pregnant and postpartum women, their minor children, age 17 and under, and other family member of the women and children as deemed necessary.
- If EBPs do not exist/apply for your program/population(s) of focus, describe the services/practices you plan to implement as an appropriate alternative.
- Discuss the populations for which the practices have been shown to be effective and show that they are appropriate for your populations of focus. Indicate

whether/how the practices 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 EBPs. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

In selecting EBPs, be mindful of how your choice of EBPs or practices may impact disparities in service access, use, and outcomes for your populations 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 will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using a uniform data collection tool provided by SAMHSA. Grantees will be required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); 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/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>. Data will be collected via a face-to-face interview using this tool at three data collection points: at intake to services, at six months post intake, and at discharge. Grantees will be expected to do 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. All data must be submitted through the specified online data submission tool within seven days of data collection or as specified after award. Grantees and sub-awardees will be provided extensive training on the system and its requirements post award. 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.

Evaluation: Grantees are required under the statutory authority (Sec. 501(r)(5) of the Comprehensive Addiction and Recovery Act) to participate in a national program evaluation that will be reported to Congress. At a minimum, data collected for the report must include:

- Outcomes information from the pilot program, including any resulting reductions in the use of alcohol and other drugs;
- Engagement in treatment services;
- Retention in the appropriate level and duration of services; and
- Increased access to the use of medications approved by the FDA in combination with counseling for the treatment of drug addiction.

Evaluation data will be used to inform a Report to Congress that will include a recommendation from the Director of CSAT as to whether to extend the pilot program to allow the use of funds to provide an array of treatment services including services provided to women in non-residential-based settings, in an effort to broaden our collective understanding of effective components of the continuum of care for pregnant women addicted to drugs.

No more than 15 percent of the infrastructure development/improvement funds may be used for data collection, performance measurement, and performance assessment. Each sub-awardee (e.g., domestic public or private nonprofit entity) may use up to 15 percent of their funds for data collection and performance measurement, and performance assessment. See Sections I-[2.2](#) and [2.3](#). Applicants must clearly define these expenses in their proposed budget.

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. The assigned SAMHSA GPO and Grants Management Specialist will review the performance assessment report and provide feedback on the extent to which progress is consistent with stated goals of the application and requirements of this FOA. At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of 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?
- How durable were the effects?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to ensure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National CLAS Standards?
- 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)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?

Grantees are also required to participate in a cross-site evaluation, conducted by SAMHSA's Center for Behavioral Health Statistics and Quality using an OMB-approved protocol. You must consider your process evaluation plan and participation in the cross-site when preparing the project budget. Grantees are required to participate in all technical assistance and training activities designed to support the cross-site activity.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

No more than 15 percent of the infrastructure development/improvement funds may be used for data collection, performance measurement, and performance

assessment. Each sub-awardee (e.g., domestic public or private nonprofit entity) may use up to 15 percent of their funds for data collection and performance measurement, and performance assessment. See Sections I-2.2 and 2.3. Applicants must clearly define these expenses in their proposed budget.

2.4 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director) to at least one joint grantee meeting in every other year 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

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$3,300,000
Estimated Number of Awards:	Up to 3
Estimated Award Amount:	Up to \$1,100,000
Length of Project Period:	Up to 3 years

Proposed budgets cannot exceed \$1,100,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

By statute, eligible applicants for the PPW-PLT grant program are the Single State Agencies for Substance Abuse (SSA).

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. The SSA must meet three additional requirements related to the provision of services involving direct service provider organizations in the PPW-PLT program.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) services appropriate to the grant must be involved in the proposed project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations that will be partnering with the SSA in the PPW-PLT program. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See [Appendix B](#) – Statement of Assurance.]

Following application review, if your application's score is within the fundable range, the government project officer (GPO) may contact you to request that additional documentation be sent by email, or to verify that the documentation you submitted is complete.

If the GPO does not receive this documentation within the time specified, your application 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 Sections B, C, and E of the SF-424A. 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 E. Sections A-E 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.)
- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **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:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them if you do.)** (4) the Statement of Assurance (provided in [Appendix B](#) of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the two-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time.
- **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:** A copy of the data from the preliminary needs assessment and the draft statewide plan.

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

- **A minimum of 75 percent** of grant funds must be used to provide services. Grantees are not required to provide residential based services, but if a grantee elects to provide such services then **no more than 15 percent of service funds** may be used for residential treatment.
- Grantees may use no more than **25 percent of the total grant award** for infrastructure development/improvements at the state level to increase and improve statewide capacity to provide effective, efficient, accessible treatment and recovery support services, and to create a more integrated and collaborative family based system of care for pregnant and postpartum women. Grantees may use up to **15 percent of this amount** for data collection, performance management, and performance assessment (see Sections I-2.2 and 2.3).
- Each sub-awardee (e.g., domestic public or private nonprofit entity) may use **up to 15 percent of their funds** for data collection and performance measurement, and performance assessment (see Sections I-2.2 and 2.3).
- SAMHSA funds may not be used to pay for housing.

Be sure to identify and clearly define 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five 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: Population of Focus and Statement of Need (15 points)

1. Identify your population(s) of focus (i.e., women, their children, and other family members). Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.
3. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to question A.1. To the extent

available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

4. Describe how your application addresses the shortage of family-based addiction treatment in your area(s) of service.

Section B: Proposed Implementation Approach (30 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 E: Data Collection and Performance Measurement](#).
2. Provide a chart or graph depicting a realistic time line for the entire three years of the project period showing dates, key activities, and responsible staff. Describe how the key activities in your timeline will be implemented. [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than seven months after grant award. The time line should be part of the Project Narrative. It should not be placed in an attachment.] These key activities should include the following requirements outlined in [Section I-2: Expectations](#):
 - a. The facilitation of family-based treatment and recovery support services, including the core services specified in [Section 1-2: Expectations](#).
 - b. The promotion of effective and efficient coordination and delivery of services across multiple systems and providers.
 - c. The development of a needs assessment using statewide epidemiological data.
 - d. The development and implementation of a state strategic plan or enhancement of an existing plan to ensure sustained partnerships across public health and other systems that will result in short- and long-term strategies to support family-based treatment services along the continuum of care for pregnant and postpartum women.
3. 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.

4. Describe how the PPW-PLT program to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches in the delivery of services to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at <https://www.samhsa.gov/nctic/trauma-interventions>.
5. Describe how you will identify, recruit, and retain the population(s) of focus, and how this approach will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population(s). Include specific strategies for identifying and engaging women early in their pregnancies for maximum benefit of the mothers and infants (e.g., the first trimester).
6. If applicable, describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects.
7. Identify any other organization(s) that will partner 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.
8. Describe the process used to achieve service coordination and integration among the network of providers in treatment planning, service delivery, quality assurance, monitoring, and evaluating effectiveness.
9. Clearly state: 1) the unduplicated number of women; 2) the estimated number of children; and 3) the estimated number of other family members you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. This should include specifying by the above categories the number of new individuals served that have not been previously served by the applicant. Explain how you arrived at these numbers and that they are reasonable given your budget request. You are required to include the numbers to be served by race, ethnicity, gender and sexual orientation.
10. Describe the infrastructure changes you plan to implement and how they will enhance/improve access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, indicate so in your response.

Section C: Proposed Evidence-Based Service/Practice (25 points)

1. Describe the Evidence-Based Practice(s) (EBPs) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it

is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

2. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.
3. Describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
4. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

Section D: Staff and Organizational Experience (10 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
3. Provide a complete list of staff positions for the project, including the Project Director and the women's service coordinator that is supported by the SAPT Block Grant, 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 and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff members are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.
5. Describe how your staff will ensure the input of client in assessing, planning and implementing your project.

Section E: 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-2.2](#) of this FOA.
2. Describe your specific plan for:
 - data collection,
 - management,
 - analysis, and
 - reporting.

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 and the cross-site evaluation 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 these data will inform the ongoing implementation of the 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 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
- 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 be required to submit reports semi-annually..

VII. AGENCY CONTACTS

For questions about program issues contact:

Linda White-Young, LICSW
Center for Substance Abuse Treatment
Substance Abuse Mental Health Services Administration
(240) 276-1581
linda.white-young@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 – 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.⁴ (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

⁴ 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
			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) 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

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(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 x 100 hr.		\$1,338
			TOTAL	\$21,580

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

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

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
		TOTAL	\$4,457

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
		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 (POV) reimbursement rate. If policy does not have a rate use GSA.

NON-FEDERAL MATCH

Purpose of Travel	Location	Item	Rate	Cost
(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
			TOTAL	\$1,237

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. 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 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. x 12 mo.	\$600
Bookcase	\$75	\$75
Digital camera	\$300	\$300
Fax machine	\$150	\$150
Computer	\$500	\$500
Postage	\$37/mo. x 4 mo	\$148
	TOTAL	\$1,773

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
			TOTAL	\$86,997

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
			TOTAL	\$11,051

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
	TOTAL	\$15,000

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
	TOTAL	\$15,815

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
	TOTAL	\$4,250

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**

=====
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**

=====

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:	09/30/2017	b. End Date:	09/29/2020
----------------	-------------------	--------------	-------------------

BUDGET SUMMARY (should include future years and projected total)

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

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.