Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Tribal Opioid Response Grants

Short Title: TOR

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-19-012

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.788

Key Dates:

Application Deadline	**Applications are due by August 6, 2019.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

Funding Opportunity Title:	Tribal Opioid Response Grants
Funding Opportunity Number:	TI-19-012
Due Date for Applications:	August 6, 2019
Anticipated Total Available Funding:	$35,985,372
Estimated Number of Awards:	163
Estimated Award Amount:	See Appendix K for distribution
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2019
Length of Project Period:	Up to 2 years
Eligible Applicants:	Federally recognized tribes and tribal organizations. Tribes and tribal organizations may elect to apply as part of a consortia or in partnership with urban Indian organizations. Tribes and tribal organizations may only be included in one grant application. [See Section III-1 for complete eligibility information.]

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

All applicants MUST register with NIH's eRA Commons in order to submit an application. <u>This process takes up to six weeks</u>. 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.

WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**
- **The project director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

<u>No exceptions will be made.</u>

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

I. PROGRAM DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for fiscal year (FY) 2019 Tribal Opioid Response grants (Short Title: TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment if available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must

use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

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

2. EXPECTATIONS

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). A component of the TBHA is the American Indian and Alaska Native Cultural Wisdom Declaration (CWD) which elevates the importance of tribal identities, culture, spiritual beliefs, and practices for improving well-being. This grant announcement supports the CWD and inclusion of traditional practices in the grant application. Tribal entities are also encouraged to incorporate TBHA foundational elements, priorities, and strategies as appropriate. The TBHA can be found at https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA.

Grantees will develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes. This service array should be based on needs identified in the Tribe's strategic plan. Grantees will be required to report expenditures for all activities and ensure available resources within the tribe are leveraged for substance use prevention, treatment, and recovery support services to avoid duplication of efforts.

Additionally, the use of these funds requires that evidence-based treatments, practices and interventions for OUD be used by grantees and subgrantees. SAMHSA requires that Food Drug Administration-approved medication-assisted treatment (MAT) be provided to those diagnosed with OUD. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.

In addition to these treatment services, grantees will be required to employ effective prevention and recovery support services to ensure that individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment, and recovery.

SAMHSA will monitor use of these funds to assure that they are being used to support evidence-based treatment and recovery supports and will not permit use of these funds for non-evidence-based approaches.

TOR is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award. At the latest, award recipients are expected to provide services to the population(s) of focus by the fourth month after the grant has been awarded.

Key Personnel:

The key personnel for this program will be the Project Director. This position requires prior approval by SAMHSA after review of credentials of staff and job descriptions.

Your project must have this key personnel regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

Required Activities:

You must use SAMHSA's TOR grant funds primarily to support evidence-based prevention, treatment, and recovery support activities as described above. All grantees are required to prioritize the delivery of MAT services.

Additionally, grantees are expected to select activities from the list below on which your program will focus.

- Complete a comprehensive strategic plan, based on the most current epidemiological data for the tribe, to address the gaps in prevention, treatment, and recovery identified by the tribe. Plans must be completed within 60 days of award. Tribes may use existing plans if available.

- Implement workforce development activities to ensure that individuals working in tribal communities are well versed in strategies to prevent and treat opioid misuse.

- Develop effective prevention strategies which include but are not limited to: elder education, outreach and engagement of youth, strategic messaging, and community prevention activities. Develop strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.

- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. Models for evidence-based treatment include, but are not limited to, hub and spoke models in which patients with OUD are stabilized in a specialized treatment setting focused on the care and treatment of OUD and associated conditions such as mental illness, physical illness, including infectious diseases, and other substance use disorders and then transferred to community-

based providers once stabilization has occurred. Other evidence-based models to treat OUD include treatment in federally and state-regulated Opioid Treatment Programs, addiction specialty care programs that either directly provide or support use of MAT for OUD in addition to psychosocial services such as drug counseling, psychoeducation, toxicology screening, individual, group, or family therapy, vocational/educational resources, and case management and recovery support services. Specialty programs such as emergency departments, urgent care centers, in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also support appropriate MAT and recovery support services may also qualify as programs utilizing evidence-based practices. Inpatient/residential programs that provide intensive services to those meeting medical necessity criteria and which offer MAT may also be programs engaging in evidence-based practices if the care continuum includes a connection to MAT in the community once discharged from the inpatient/residential program. Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify as evidence-based programs/practices. Detailed information on treatment models may be found at https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf

- Implement community recovery support services such as peer supports, recovery coaches, spiritual support, drug and alcohol free social engagement, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program. See: https://www.https://www.samhsa.gov/find-help/recoverysamhsa.gov/find-help/recovery

- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for under- and uninsured patients.

- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.

- Assess the impact of the grant. (Consider working with Tribal Epidemiology Centers or an Evaluator to implement this activity. However, including an Evaluator in the staffing component is not required).

Allowable Activities:

- Incorporate culturally appropriate and traditional practices into your program design and implementation.

- Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery.

- Address barriers to receiving MAT by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, engage and retain patients in treatment, address discrimination associated with accessing treatment, including discrimination that limits access to MAT, and support long-term recovery.

- Develop and implement tobacco cessation programs, activities, and/or strategies.

Other Expectations:

Applicants who currently receive opioid-related funding from other federal programs, must coordinate activities to eliminate duplication of services and programs.

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

Recipients must utilize third party and other revenue realized from the 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

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

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

services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

SAMHSA encourages all recipients to address the behavioral health needs of returning service members and veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its recipients to utilize and provide technical assistance for service members, veterans and their families. This includes efforts to engage their staff in cultural competency training courses and to collaborate with key organizations in their local communities that are focused on serving this population.

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, treatment, or recovery that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of services in the behavioral health field. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for their evidence base and appropriateness for population to be served. If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized and that grantees are competent in implementing them.

All grantees are required to use evidence-based MAT in patients diagnosed with OUD. Grantees will also utilize other EBPs in conjunction with the required EBP for this FOA (review Expectations and Required Activities for additional information on EBP for OUD.

Applicants are also encouraged to visit the National Institute of Health, National Institute on Drug Abuse website https://www.drugabuse.gov/ for more information on EBPs.

2.2 Data Collection and Performance Measurement

All SAMHSA recipients 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. Grantees may use **a combined total of up to 25 percent** of their grant award for Data Collection and Performance Assessment and Infrastructure

Development. You must document your plan for data collection and reporting in Section E: Data Collection and Performance Measurement.

Grantees will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantees will be required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, employment status, criminal justice involvement, and housing. Additional data elements will also be required and will be provided upon award.

This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Examples of the type of data collection tools required can be found here. Data will be collected via a face-to-face interview using this tool at four data collection points: intake to services, three months post intake, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent. GPRA training and technical assistance will be offered to recipients.

The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

2.3 Project Performance Assessment

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in B.1. 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 should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to submit an annual report on the progress you have achieved, barriers encountered, and efforts to overcome these barriers. Refer to Section VI.1 for any program specific information on the frequency of reporting and any additional requirements.

Grantees will also submit a progress report at the midpoint of each grant year with the same information. The report required under this program is in addition to the aforementioned required data.

Note: See Appendix F for more information on responding to Sections I-2.2 and 2.3.

2.4 Infrastructure Development

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. **Grantees may use a combined total of up to 25 percent of their grant award for Infrastructure Development and Data Collection and Performance Assessment**. The full 25 percent cannot be used only for infrastructure development as all tribes are responsible for data collection and implementing performance assessment activities. You may budget for the following types of infrastructure development, if necessary, to support the direct service expansion of the grant project. You must describe your use of grant funds for these activities in Section B of your Project Narrative.

- Adopting and/or enhancing 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.

- Training/workforce development to help your staff administer the grant program (NOTE: THIS IS TRAINING SPECIFIC TO ADMINISTERING THE GRANT; THIS IS DIFFERENT FROM THE WORKFORCE DEVELOPMENT ACTIVITY REFERENCED IN THE REQUIRED ACTIVITIES SECTION).

- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National CLAS Standards in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements)[3].

- Evaluation of grant activities.

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[3] 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 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.

- Data Collection and Reporting.

II. FEDERAL AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	$35,985,372
Estimated Number of Awards:	163
Estimated Award Amount:	See Appendix K for distribution (the funding amounts are for each year of the project)
Length of Project Period:	Up to 2 years

Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

The applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with an urban Indian organization. These entities are defined as follows:

• Indian Tribe, as defined at 25 U.S.C. § 1603(14) is any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C.A. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

• Tribal Organization, as defined at 25 U.S.C. § 1603(26) is the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. Provided that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of

each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

• Urban Indian Organization, as defined at 25 U.S.C. § 1603(29), operating pursuant to a contract or grant with the Indian Health Service is a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [25 U.S.C § 1653(a)].

A consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

If you did not receive a TOR grant in 2018 <u>and</u> your tribe in not listed in Appendix K, you may apply for $50,000.

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. REQUIRED APPLICATION COMPONENTS:

- **Budget Information SF-424** – Fill out all Sections of the SF-424. In **Line #4** (i.e., Applicant Identified), input the Commons Username of the PD/PI. In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 9/30/2019; b. End Date: 9/29/2021).

  Budget Information Form – Use **SF-424A**. Fill out all Sections of the SF-424A.

  - **Section A –** Budget Summary: Use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **<u>first year</u>** 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 **<u>first year</u>** of your project only.
  - **Section C –** Leave blank if cost sharing/match is not required for this program. Complete if cost sharing/match is required.

- **Section D** – Forecasted Cash Needs: Input the total funds requested, broken down by quarter, only for Year 1 of the project period. Use the first row for federal funds and the second row for non-federal funds.
- **Section E** – Budget Estimates of Federal Funds Needed for Balance of the Project: Input the total funds requested for the out years (e.g., Year 2). For example, if you are requesting funds for two years in total, you would input information in column b (i.e., 1 out year).

A sample budget and justification is included in Appendix J of this document. **It is highly recommended that you use this sample budget format. 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 **10 pages**. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information.

  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 Appendix A: 3.1 Required Application Components, and Appendix G, 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 a file entitled BNF when you submit your application into Grants.gov. (See Appendix A: 3.1 Required Application Components.)

- You 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 and 2 combined. There are no page limitations for Attachments 3 and 4. 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 if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

- **Attachment 1**: 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 1.

- **Attachment 2:** Statement of Assurance, which is included in Appendix C.

- **Attachment 3:** Sample Consent Forms

- **Attachment 4:** Response to Appendix D - Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **August 6**, **2019.**

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.

WARNING: BY THE DEADLINE FOR THIS FOA YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons; AND**

- **The project director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see Appendix A for all registration requirements).

3. FUNDING LIMITATIONS/RESTRICTIONS

All budgets will be reviewed in conjunction with program objectives and will be approved prior to award. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The funding restrictions for this project are as follows:

- Up to a combined total of 25 percent of the total grant award may be used for Data Collection and Performance Assessment and Infrastructure Development.

- Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with TOR grant funds.

- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

Be sure to identify all expenses in your proposed budget.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix H, Standard Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-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 **10 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.1. **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 questions, each question is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (10 points – approximately 1 page)

1. Describe the extent of the problem in the catchment area, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus. Identify the source of the data. Include information regarding different funding streams currently used to address the problem.

Section B: Proposed Implementation Approach (30 points – approximately 5 pages)

1. Describe how you will implement your selected Required Activities of the grant and how those activities will meet your goals and objectives. State the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds.

Section C: Proposed Evidence-Based Service/Practice (25 points approximately 2 pages)

1. Identify the Evidence-Based Practice(s) (EBPs) and traditional practices that will be used. Discuss how each EBP chosen is appropriate for your population(s) of focus and the outcomes you want to achieve.

Section D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. Describe the role of each, their level of effort, and qualifications, to include their experience providing services to the population(s) of focus and familiarity with their culture(s) and language(s).

Section E: Data Collection and Performance Measurement (20 points – approximately 1 page)

1. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor and enhance the program.

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 J: Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your budget must reflect 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 a file entitled BNF when you submit your application into Grants.gov.

1. REQUIRED SUPPORTING DOCUMENTATION

Biographical Sketches and Position Descriptions

See Appendix G for information on completing biographical sketches and job descriptions.

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. The results of the peer review are of an advisory nature. The program office and approving official make the final determination for funding;
- When the individual award is over $250,000, 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;
- Submission of any required documentation that must be submitted prior to making an award; 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. FEDERAL AWARD ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

Program Specific:

Recipients must comply with the data reporting requirements listed in Section I-2.2 and Section I-2.3.

Progress Reports – recipients will be expected to submit an annual report.

Grants Management:

Successful applicants must also comply with the following standard grants management reporting and schedules at https://www.samhsa.gov/grants/grants-management/reporting-requirements, unless otherwise noted in the FOA or Notice of Award.

2. FEDERAL AWARD NOTICES

You will receive an email from SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general results of the review of your application, including the score that your application received.

If you are approved for funding, a Notice of Award (NoA) will be emailed to the Business Official's (BO) and Project Director/Principal Investigator's (PD/PI) email address identified on the HHS Checklist form submitted with the application. Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project. Information about what is included in the NoA can be found at: https://www.samhsa.gov/grants/grants-management/notice-award-noa.

If you are not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

VII. AGENCY CONTACTS

For questions on this announcement contact: OPIOIDTOR@samhsa.hhs.gov

For questions on grants management and budget issues contact:

OPIOIDTOR@samhsa.hhs.gov

Appendix A – Application and Submission Requirements

<u>WARNING</u>: If your organization is not registered and you do not have an active eRA Commons PD/PI account by the deadline, the application will NOT be accepted. <u>No exceptions will be made.</u>

All applicants must register with NIH's eRA Commons in order to submit an application. <u>This process takes up to six weeks</u>. 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.

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see below for all registration requirements).

1. GET REGISTERED

You are required to complete **four (4) registration processes:**

1. Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
2. System for Award Management (SAM);
3. Grants.gov; and
4. eRA Commons.

If this is your first time submitting an application, you must complete all four registration processes. If you have already completed registrations for DUNS, SAM, and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons**. If you have not registered in Grants.gov, the registration for Grants.gov and eRA Commons can be done concurrently. You must register in eRA Commons and receive a Commons Username in order to have access to electronic submission, receive notifications on the status of your application, and retrieve grant information. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

The organization must maintain an active and up-to-date SAM and DUNS registrations in order for SAMHSA to make an award. If your organization is not compliant when SAMHSA is ready to make an award, SAMHSA may determine that your organization is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

1.1 Dun & Bradstreet Data Universal Numbering System (DUNS) Registration

SAMHSA applicants are required to obtain a valid DUNS Number, also known as the Unique Entity Identifier, and provide that number in the application. Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access the Dun and Bradstreet website at: http://www.dnb.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. **The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).**

1.2 System for Award Management (SAM) Registration

You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to https://www.sam.gov.

It is also highly recommended that you renew your account prior to the expiration date. **SAM information must be active and up-to-date, and should be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov rejects electronic submissions from applicants with expired registrations.

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. The renewal process can take up to one month.

1.3 Grants.gov Registration

Grants.gov is an online portal for submitting federal grant applications. It requires a one-time registration in order to submit applications. While Grants.gov registration is a one-time only registration process, it consists of multiple sub-registration processes (i.e., DUNS number and SAM registrations) before you can submit your application. [Note: eRA Commons registration is separate].

You can register to obtain a Grants.gov username and password at http://www.grants.gov/web/grants/register.html.

If you have already completed Grants.gov registration and ensured your **Grants.gov and SAM accounts are up-to-date and/or renewed**, please skip this section and focus on the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov "Applicants" tab.

The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/web/grants/applicants/organization-registration.html.

1.4 eRA Commons Registration

eRA Commons is an online interface managed by NIH that allows applicants, recipients, and federal staff to securely share, manage, and process grant-related information. Organizations applying for SAMHSA funding must register in eRA Commons. This is a one-time registration, separate from Grants.gov registration. In addition to the organization registration, Business Officials and Program Directors listed as key personnel on SAMHSA applications must have an account in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, either the Authorized Organization Representative (AOR) from the SF-424 or the Business Official (BO) from the HHS Checklist must complete the online Institution Registration Form. Instructions on how to complete the online Institution Registration Form is provided on the eRA Commons Online Registration Page.

[Note: You must have a valid and verifiable DUNS number to complete the eRA Commons registration.]

After the organization's representative (AOR or BO) completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from era-notify@mail.nih.gov with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the representative will receive an email with a Commons User ID for the Signing Official account ('SO' role). The representative will receive a separate email pertaining to this SO account containing its temporary password used for first-time log in. The representative will need to log into Commons with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the designated contact Signing Official (SO) signs the registration request, the organization will be active in Commons. The Signing Official can then create additional accounts for the organization as needed. Organizations can have multiple user accounts with the SO role, and any user with the SO role will be able to create and maintain additional accounts for the organization's

staff, including accounts for those designated as Program Directors (PI role) and other Business Officials (SO role).

Important: The eRA Commons requires organizations to identify at least one SO, who can be either the AOR from the SF-424 or the BO from the HHS Checklist, and at least one Program Director/Principal Investigator (PD/PI) account in order to submit an application. The primary SO must create the account for the PD/PI listed as the PD/PI role on the HHS Checklist assigning that person the 'PI' role in Commons. Note that you must enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document.

You can find additional information about the eRA Commons registration process at https://era.nih.gov/reg_accounts/register_commons.cfm.

2. APPLICATION COMPONENTS

You must complete your application using eRA ASSIST, Grants.gov Workspace or another system to system (S2S) provider. You will also need to go to the SAMHSA website to download the required documents you will need to apply for a SAMHSA grant or cooperative agreement.

2.1 Additional Documents for Submission (SAMHSA Website)

You will find additional materials you will need to complete your application on the SAMHSA website at http://www.samhsa.gov/grants/applying/forms-resources.

For a **full list of required application components**, refer to Section II-3.1, Required Application Components.

3. WRITE AND COMPLETE APPLICATION

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Directions for creating PDF files can be found on the Grants.gov website. Please see **Appendix B for all** application formatting and validation requirements**. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

SAMHSA strongly encourages you to sign up for Grants.gov email notifications regarding this FOA. If the FOA is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.

3.1 Required Application Components

Standard Application Components

Applications must include the following required application components listed in the table below. This table consists of a full list of standard application components, a description of each required component, and its source for application submission.

#	Standard Application Components	Description	Source
1	SF-424 (Application for Federal Assistance) Form	This form must be completed by applicants for all SAMHSA grants and cooperative agreements.	ASSIST, Workspace, or other S2S provider
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, D and E of the SF-424A. Section C should only be completed if applicable. **It is highly recommended that you use the sample budget format in the FOA.**	ASSIST, Workspace, or other S2S provider
3	HHS Checklist Form	The HHS Checklist ensures that you have obtained the proper signatures, assurances, and certifications**.** You are not required to complete the entire form, but please include the top portion of the form ("**Type of Application**") indicating if this is a new, noncompeting continuation, competing continuation, or supplemental application; the Business Official and Program Director/Project Director/Principal Investigator contact information (**Part C**); and your organization's nonprofit status (**Part D, if applicable**). All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH's eRA Commons to the Project Director/Principal Investigator (PD/PI), and Signing Official/Business Official (SO/BO).	ASSIST, Workspace, or other S2S provider
4	Project/Performance Site Location(s) Form	The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.	ASSIST, Workspace, or other S2S provider
5	Project Abstract Summary	Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your	ASSIST, Workspace, or other S2S provider

#	Standard Application Components	Description	Source
		project is funded, in publications, reports to Congress, or press releases.	
6	Project Narrative Attachment	The Project Narrative describes your project. The application must address how your organization will implement and meet the goals and objectives of the program. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	ASSIST, Workspace, or other S2S provider
7	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to the Budget Form SF-424A. In preparing the budget, adhere to any existing federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file **BNF** when you submit your application into Grants.gov	ASSIST, Workspace, or other S2S provider
8	SF-424 B (Assurances for Non-Construction) Form	You must read the list of assurances provided on the SAMHSA website and check the box marked 'I Agree' before signing the first page (SF-424) of the application.	SAMHSA Website
9	Disclosure of Lobbying Activities (SF-LLL) Form	Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. You must sign and submit this form, if applicable.	ASSIST, Workspace, or other S2S provider
10	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below.	ASSIST, Workspace, or other S2S provider

Supporting Documents

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application. **For each of the following application components, attach each document (Adobe PDF format only) using the Other Attachments Form in ASSIST, Workspace, or other S2S provider.**

#	Supporting Documents	Description	Source
1	HHS 690 Form	Every grant applicant must have a completed HHS 690 form (PDF | 291 KB) on file with the Department of Health and Human Services.	SAMHSA Website
2	Charitable Choice Form SMA 170	See Section IV-1 of the FOA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.	SAMHSA Website
3	Biographical Sketches and Job Descriptions	See Appendix G of this document for additional instructions for completing these sections.	Appendix G of this document.
4	Additional Documents in the FOA	The FOA will indicate the attachments you need to include in your application.	FOA: Section IV-1.

4. SUBMIT APPLICATION

4.1 Electronic Submission (eRA ASSIST, Grants.gov Workspace, or other S2S provider)

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Workspace or another system to system (S2S) provider. Information on each of these options is below:

1) **ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH sponsored online interface used to prepare applications using the SF424 form set, submit electronically through Grants.gov to SAMHSA and other participating agencies, and track grant applications. [Note: ASSIST requires an eRA Commons ID to access the system]

2) **Grants.gov Workspace –** You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

The specific actions you need to take to submit your application will vary by submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)

To submit to Grants.gov using the Grants.gov Workspace:

http://www.grants.gov/web/grants/applicants/workspace-overview.html

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons. All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than **11:59 PM** Eastern Time on the application due date.

You are strongly encouraged to allocate additional time prior to the submission deadline to submit your application and to correct errors identified in the validation process. You are also encouraged to check the status of your application submission to determine if the application is complete and error-free.

If you encounter problems when submitting your application in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Service Desk at the following:

- By e-mail: support@grants.gov
- By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). \The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.

Additional support is also available from the NIH eRA Service desk at:

- By e-mail: http://grants.nih.gov/support/index.html
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST (see below), you can:

- Access the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist/
- Or contact the NIH eRA Service Desk

SAMHSA highly recommends that you submit your application 24-72 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit.

4.2 Waiver of Electronic Submission

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance.

If you do not have the technology to apply online, or your physical location has no Internet connection, you may request a waiver of electronic submission. You must send a written request to the Division of Grant Review at least 15 calendar days before the application's due date.

Direct any questions regarding the submission waiver process to the Division of Grant Review at 240-276-1199.

5. AFTER SUBMISSION

5.1 System Validations and Tracking

After you complete and comply with all registration and application requirements and submit your application, the application will be validated by Grants.gov. You will receive a notification that your application is being processed. You will receive two additional e-mails from Grants.gov within the next 24-48 hours (one notification email will confirm receipt of the application in Grants.gov, and the other notification email will indicate that the application was either successfully validated by the Grants.gov system or rejected due to errors). It is important that you retain this Grants.gov tracking number. **Receipt of the Grants.gov tracking number is the only indication that Grants.gov has successfully received and validated your application.** If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance (see resources for assistance in 4.1).

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and submit again. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons Validations). If you use ASSIST to complete your application, you are able to validate your application and fix errors before submission.

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. You must check your application status in eRA Commons. You must have an eRA Commons ID in order to have access to electronic submission and retrieval of application/grant information.

If no errors are found, the application will be assembled in the eRA Commons. At this point, you can view your application in eRA commons. It will then be forwarded to SAMHSA as the receiving institution for further review. If errors are found, you will receive a System Error and/or Warning notification regarding the problems found in the application. You must take action to make the required corrections, and re-submit the application through Grants.gov before the application due date and time.

You are responsible for viewing and tracking your applications in the eRA Commons after submission through Grants.gov to ensure accurate and successful submission. Once you are able to access your application in the eRA Commons, be sure to review it carefully as this is what reviewers will see.

5.2 eRA Commons: Warning vs. Error Notifications

You may receive a System Warning and/or Error notification after submitting an application. Take note that there is a distinction between System Errors and System Warnings.

Warnings – If you receive a Warning notification after the application is submitted, you are not required to resubmit the application. The reason for the Warning will be identified in the notification. It is at your discretion to choose to resubmit, but if the application was successfully received, it does not require any additional action.

Errors – If you receive an Error notification after the applications is submitted, you must correct and resubmit the application. The word Error is used to characterize any condition which causes the application to be deemed unacceptable for further consideration.

5.3 System or Technical Issues

If you encounter a system error that prevents you from completing the application submission process on time, the BO from your organization will receive an email notification from eRA Commons. SAMHSA highly recommends contacting the eRA Service Desk and submitting a web ticket to document your good faith attempt to submit your application, and determining next steps. See 4.1 for more information on contacting the eRA Service Desk.

5.4 Resubmitting a Changed/Corrected Application

If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or NIH's eRA Commons systems, you must contact the Division of Grant Review within **one business day after the official due date at:** dgr.applications@samhsa.hhs.gov and provide the following:

- A case number or email from SAM, Grants.gov, and/or NIH's eRA system that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** you followed Grants.gov and NIH's eRA requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met FOA requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or NIH's eRA to fail. No exceptions for submission are allowed when user error is involved. Please note that system errors are extremely rare.

[Note: When resubmitting an application, please ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.]

Appendix B - Formatting Requirements and System Validation

1. SAMHSA FORMATTING REQUIREMENTS

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. See below for a list of formatting requirements required by SAMHSA:

- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables.

- You must submit your application and all attached documents in Adobe PDF format or your application will not be forwarded to eRA Commons and will not be reviewed.

- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- Black print should be used throughout your application, including charts and graphs (no color).

- The page limits for Attachments stated in the FOA: Section IV-1 should not be exceeded.

If you are submitting more than one application under the same announcement number, you must ensure that the Project Title in Field 15 of the SF-424 is unique for each submission.

2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS

- Grants.gov allows the following list of UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, and period. Other UTF-8 characters should not be used as they will not be accepted by NIH's eRA Commons, as indicated in item #10 in the table below.

- Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a PDF file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

- Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename. In addition, the use of compressed file formats such as ZIP, RAR or Adobe Portfolio will not be accepted.

3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS

The following table is a list of formatting requirements and system validations required by eRA Commons and will result in errors if not met. The application must be 'error free' to be processed through the eRA Commons. There may be additional validations which will result in Warnings but these will not prevent the application from processing through the submission process.

If you do not adhere to these requirements, you will receive an email notification from era-notify@mail.nih.gov to take action and adhere to the requirements so that your application can be processed successfully. It is highly recommended that you submit your application 24-72 hours before the submission deadline to allow for sufficient time to correct errors and resubmit the application. If you experience any system validation or technical issues after hours on the application due date, contact the eRA Service Desk and submit a Web ticket to document your good-faith attempt to submit your application.

#	eRA Validations	Action if the Validation is not met
1	Applicant Identifier: The Commons Username provided in the PD/PI Credential field for the PD/PI must be valid and affiliated with the organization (matching on the Org Primary DUNS).	If the PD/PI Credentials are not provided, the applicant will receive the following error message from eRA Commons: "The Commons Username must be provided in the Applicant Identifier field for the PD/PI." If the Username provided is not a valid Commons account, the applicant will receive the following error message from eRA Commons: "The Commons Username provided in the Applicant Identifier is not a recognized Commons account." If the Username is not affiliated with the organization submitting the application and have the PI role, the applicant will receive the following error message from eRA Commons: "The Commons account provided in the Applicant Identifier field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account

#	eRA Validations	Action if the Validation is not met
		Administrator to make sure your account affiliation and roles are set-up correctly."
2	DUNS numbers: The DUNS number provided on any forms must have valid characters (9 or 13 numbers with or without dashes).	If the DUNS number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes, the applicant will receive the following error message from eRA Commons: “The DUNs number for <insert form name > is not in the valid format of DUNS or DUNS+4 number (DUNS should be 9 or 13 digits; no letters or special characters).”
3	Submit required documentation for the FOA.	If you do not submit the documentation (forms) required for the FOA, the applicant will receive the following error message from eRA Commons: “The format of the application does not match the format of the FOA. Please contact the eRA Service Desk for assistance.”
4	Check the “Changed/Corrected Application” box in the SF424 form after making changes/corrections to resubmit an application. Refer to Section II-5.4 for more information on resubmission criteria.	If you change or correct an error in your application, but do not select “Changed/Corrected”, any subsequent submissions for the same FOA will result in an error, and the applicant will receive the following error message from eRA Commons: “This application has been identified as a duplicate of a previous submission. The ‘Type of Submission’ should be set to Changed/Corrected if you are addressing errors/warnings.”
5	Applications cannot be larger than 1.2GB	If the application exceeds 1.2GB, the applicant will receive the following error message from eRA Commons: “The application did not follow the agency-specific size limit of 1.2 GB. Please resize the application to be no larger than 1.2GB before submitting.”
6	The Funding Opportunity Announcement (FOA) number must exist.	If you enter an FOA number that does not exist, the applicant will receive the following error message from eRA Commons: “The Funding Opportunity Announcement number does not exist.”
7	All documents and attachments must be in PDF format.	If you submit attachments which are not in PDF format, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a

#	eRA Validations	Action if the Validation is not met
		.pdf extension. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
8	All attachments should comply with the following formatting requirement: ○ PDF attachments cannot be empty (0 bytes).	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted. Please submit a changed/corrected application with the correct PDF attachment. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
9	All attachments should comply with the following formatting requirement: ○ PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>. Help with PDF attachments can be found at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm. ”
10	All attachments should comply with the following formatting requirement: ○ Size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically). [Note: It is recommended that you limit the size of attachments to 35 MB.]	If you submit attachments that do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “Filename <file> cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm for additional information.”
11	All attachments should comply with the following formatting requirement: ○ PDF attachments should have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9,	If you submit attachments which do not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: “The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.”

#	eRA Validations	Action if the Validation is not met
	underscore (_), hyphen (-), space, period.	
12	The contact person's email in the SF-424 Section F, must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	If the contact person's email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: "The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid."
13	Congressional district code of applicant (after truncating) must be valid. [Note: Applies to form SF-424, items 16a and 16b]	If the Congressional district code of the applicant is not valid, the applicant will receive the following error message from eRA Commons: "Congressional district <Congressional District> is invalid. To locate your district, visit http://www.house.gov/"
14	Authorized Representative email must contain a '@', with at least 1 and at most 60chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid.	If the Authorized Representative email address does not comply with the stated formatting requirement, the applicant will receive the following error message from eRA Commons: "Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars < > ( ) [ ] \ , ; : are not valid. The Person to be contacted email address also provided on the SF 424 will be used instead."
15	Budget Validations	If the budget form fields below do not comply with the form guidelines, the applicant will receive the following error message from eRA Commons:
16	SF424-A: Section A – Budget Summary There are total fields at the end of rows or at the bottom of columns that must equal the sum of the elements for that row or column	Ensure that the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field

#	eRA Validations	Action if the Validation is not met
17	SF424-A: Section B – Budget Categories The TOTALS Total in Column 5 - Row k does not equal to SECTION A – Budget Summary: 5.Totals Total (g).	Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.
18	SF424-A: Section D – Forecasted Cash Needs The Federal amount for the 1st Year sun does not equal to Section A Total for 1st Year Federal Totals The Non-Federal Total for 1st Year sum does not equal to Estimated Unobligated Funds Non-Federal Totals (d-5) + New or Revised Budget Non-Federal Totals (f-5) The Total for 1st Year TOTAL in Section D does not equal to the Totals Total (Column 5, Row G) in Section A	Ensure that the Federal Total for 1st year, in Section D-Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount. Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A. Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: 5.Totals Total (g).
19	SF424-A: Section E – Budget Estimates Of Federal Funds Needed For Balance of The project The number of budget years/periods does not match the span of the project	Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF 424 A. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to agency guidance if applicable.

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

Confidentiality and Participant Protection:

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 Institutional Review Board (IRB) approval) must address the elements below.** If some elements are not applicable to the proposed project, explain why the element(s) is not applicable. In addition to addressing these elements, you will need to determine if the section below titled "Protection of Human Subjects Regulations" applies to your project. If so, you must submit the required documentation as described below. There are no page limits for this section.

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

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **participants** may be exposed to as a result of the project.

   - Identify and describe the foreseeable physical, medical, psychological, social and legal risks or potential adverse effects **staff** may be exposed to as a result, of the project.

   - Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.

   - Identify your plan to provide guidance and assistance in the event there are adverse effects to participants and staff.

2. **Fair Selection of Participants**

   - Explain how you will recruit and select participants.

   - Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

3. **Absence of Coercion**

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., gift cards, bus passes, gifts, etc.) If you have included funding for incentives in your budget, you **must** address this item. (A recipient or treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.)

- Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” that removes the voluntary nature of participation.

- Describe how you will inform participants that they may receive services even if they chose to 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). Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the specimens will be used for purposes other than evaluation.

- In **Attachment 1**, “Data Collection Instruments/Interview Protocols,” you **must** provide 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. Describe:
  - Where data will be stored.
  - Who will have access to the data collected.
  - 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: Recipients must 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**

- 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.

- 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. 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?

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.

7. **Risk/Benefit Discussion**

- Discuss why the risks you have identified in element **1. (Protect Clients and Staff from Potential Risks)** are reasonable compared to the anticipated benefits to participants involved in the project.

Protection of Human Subjects Regulations

SAMHSA expects that most recipients 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 project may meet the regulation's criteria for research involving human subjects. Although IRB approval is not required at the time of award, you are required to provide the documentation below prior to enrolling participants into your project.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

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 E – Developing Goals and Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This appendix provides information on developing goals and objectives. It also provides examples of well-written goals and measurable objectives.

GOALS

Definition − a goal is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved;
- Goals describe the behavior or condition in the community expected to change;
- Goals describe who will be affected by the project;
- Goals lead clearly to one or more measurable results; and
- Goals are concise.

Examples

Unclear Goal	Critique	Improved Goal
Increase the substance abuse and HIV/AIDS prevention capacity of the local school district	This goal could be improved by *specifying an expected program effect in reducing a health problem*	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use.	This goal is not concise	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

OBJECTIVES

Definition – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and

accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2019, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound*:**

Specific – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

Measurable – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/18 increase by 10% the number of 8^{th,} 9th, and 10th grade students who disapprove of marijuana use as measured by the annual school youth survey.

Achievable – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

Realistic – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

Time-bound – Provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

Examples:

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance abuse prevention curriculum.	The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	***By June 1, 2019***, ***LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance abuse prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills.	By the ***end of the 2019 school year***, ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance abuse and HIV prevention curriculum.***
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and by *when* the training will be conducted.	***By the end of year two of the project***, the ***Health Department*** will have trained ***75% of EMS staff in the County Government*** on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

Appendix F – Developing the Plan for Data Collection, Performance Assessment, and Quality Improvement

Information in this Appendix should be taken into consideration when developing a response for criteria in Section D.

Data Collection:

In describing your plan for data collection, consider addressing the following points:

- The electronic data collection software that will be used;
- How often data will be collected;
- The organizational processes that will be implemented to ensure the accurate and timely collection and input of data;
- The staff that will be responsible for collecting and recording the data;
- The data source/data collection instruments that will be used to collect the data;
- How well the data collection methods will take into consideration the language, norms and values of the population(s) of focus;
- How will the data be kept secure;
- If applicable, how will the data collection procedures ensure that confidentiality is protected and that informed consent is obtained; and
- If applicable, how data will be collected from partners, sub-awardees.

It is not necessary to provide information related to data collection and performance measurement in a table but the following samples may give you some ideas about how to display the information.

Table 1 provides an example of how information for the required performance measures could be displayed.

Table 1

Performance Measures	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis

Table 2 provides an example of how information could be displayed for the data that will be collected to measure the objectives that are included in B.1

Table 2

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a				
Objective 1.b				

Data Management, Tracking, Analysis, and Reporting:

Points to consider:

Data management:

- How data will be protected, including information about who will have access to data;
- How will data be stored.

Data tracking:

- The staff member who will be responsible for tracking the performance measures and measurable objectives.

Data analysis:

- Who will be responsible for conducting the data analysis, including the role of the Evaluator;
- What data analysis methods will be used.

Data reporting:

- Who will be responsible for completing the reports;
- How will the data be reported to staff, stakeholders, SAMHSA, Advisory Board, and other relevant project partners.

Performance Assessment:

Points to consider:

- Information on how frequently performance data will be reviewed;
- How you will use this data to monitor and evaluate activities and processes and to assess the progress that has been made achieving the goals and objectives; and
- Who will be responsible for conducting the performance assessment.

Quality Improvement:

Points to consider:

- If applicable, the QI model that will be used;
- How will the QI process be used to track progress;
- The staff members who will be responsible for overseeing these processes;
- How you will implement any needed changes in project implementation and/or project management;
    - What decision-making processes will be used;
    - When and by whom will decisions be made concerning project improvement;
    - What are the thresholds for determining that changes need to be made;
- Will the Advisory Board have a role in the QI process; and
- How will the changes be communicated to staff and/or partners/sub-awardees.

Appendix G – Biographical Sketches and Position Descriptions

Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than one page each.

For staff members, who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be two pages or less.

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications

Position Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Amount of travel and any other special conditions or requirements
7. Salary range
8. Hours per day or week

Appendix H – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements.

SAMHSA grant funds may not be used to:

- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

  Note: A recipient or treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed $3.00 per person.

- Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with

the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

- Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.

Appendix I – Administrative and National Policy Requirements

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

HHS Grants Policy Statement (GPS)

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

HHS Grant Regulations

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles.

Additional Terms and Conditions

Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
- requirements relating to additional data collection and reporting;
- requirements relating to participation in a cross-site evaluation;
- requirements to address problems identified in review of the application; or revised budget and narrative justification.

Performance Goals and Objectives

If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. See http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. See http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html; and http://www.hhs.gov/civil-rights/for-providers/index.html. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. See http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html. Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

Cultural and Linguistic Competence

Recipients of federal financial assistance (FFA) from HHS serve culturally and linguistically diverse communities that are not just defined by race or ethnicity, but also socio-economic status, sexual orientation, gender identity, physical and mental ability, age, and other factors. Organizational behaviors, practices, attitudes, and policies across all SAMHSA-supported entities respect and respond to the cultural diversity of communities, clients and students served.

If your application is funded, you must ensure access to quality health care for all. Quality care means access to services, information, and materials delivered by trained providers in a manner that factor in the language needs, health literacy, culture, and diversity of the populations served. Quality also means that data collection instruments used should adhere to culturally and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) published by the U.S. Department of Health and Human Services at https://www.thinkculturalhealth.hhs.gov/. Additional cultural/linguistic competency and health literacy tools, and resources are available online at http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence

Acknowledgement of Federal Funding

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal funds. Recipients are required to state (1) the percentage and dollar amounts of the total program or project costs financed with Federal funds and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources

DOMA: Implementation of United States v. Windsor and Federal Recognition of Same-Sex Spouses/Marriages

A special term of award may be included in the final NoA that states: "On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional. As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides. On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Consistent with both of these decisions, you must treat as valid the marriages of same- sex couples. This policy does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage."

Supplement Not Supplant

Grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

Mandatory Disclosures

A term may be added to the NoA which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA
Attention: Office of Financial Advisory Services

5600 Fishers Lane
Rockville, MD 20857

AND

U.S. Department of Health and Human
Services Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake
Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321)."

System for Award Management (SAM) Reporting

A term may be added to the NoA that states: "In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75."

Drug-Free Workplace

A term may be added to the NoA that states: "You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707)."

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law

(P.L.) 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

SAMHSA funds must retain their award-specific identity − they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]

Trafficking in Persons

Awards issued by SAMHSA are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

Publications

Recipients are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

Appendix J – Sample Budget and Justification (no match required)

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by the object class cost categories listed on SF-424A − Section B (Budget Category) for non-construction awards.

- The budget narrative must match the costs identified on the SF-424A form and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

Refer to the program specific Funding Restrictions/Limitations and the Standard Funding Restrictions in the FOA, as well as to 45 CFR Part 75 (https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75, for applicable administrative requirements and cost principles.

A SAMPLE BUDGET AND NARRATIVE JUSTIFICATION ARE PROVIDED AS WELL AS INSTRUCTIONS FOR COMPLETING THE SF-424A. YOU ARE STRONGLY ENCOURAGED TO USE THE SAMPLE BUDGET NARRATIVE STRUCTURE AS APPLICABLE. A SAMPLE OF A COMPLETED SF-424A IS PROVIDED AT THE END OF THIS APPENDIX.

A. Personnel

Provide the following information for the budget narrative and justification:

1. **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project.
   a. The position must be relevant and allowable under the project.
   b. The salaries of facilities and administrative (F&A) administrative and clerical staff are normally treated as indirect costs (45 CFR §75.413c). Direct charging of these costs may be appropriate only if all of the following conditions are met:
      i. administrative/clerical services are directly integral to a project or activity;
      ii. individuals involved can be specifically identified with the project or activity; and

iii. the costs are not also claimed as indirect costs.

2. **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date.

    a. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contracts category.

3. **Key Personnel** – Identify if the position is key personnel required by the FOA:

    a. Key staff positions require prior approval by SAMHSA after review of credentials and job descriptions.

4. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).

    a. Salaries should be comparable to those within your organization.
    b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an “in-kind” cost.

5. **Level of Effort (LOE)** − The level of effort (percentage of time) that the position contributes to the project.

    a. Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).
    b. You should ensure the cost of living increase is built into the budget and justified.

6. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.

    a. If the position is not being charged to the Federal award, identify the cost as $0.

The key staff positions identified in Section I-2 Expectations must be included in the Personnel section and/or the Contractual Section (F). In addition, the Project Director must be the same as the Project Director listed on the HHS Checklist.

FEDERAL REQUEST – Sample Personnel Narrative

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(1) Project Director	Alice Doe	Yes	$64,890	10%	$6,489
(2) Program Coordinator	Vacant, to be hired within 60 days of anticipated award date	No	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	No	In-kind cost	20%	0
FEDERAL REQUEST (enter in Section B column 1, line 6a of SF-424A)					**$52,765**

FEDERAL REQUEST – Sample Justification for Personnel

1. The Project Director will provide daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings.
2. The Program Coordinator will coordinate project service and activities, including training, communication and information dissemination.

B. Fringe Benefits

Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages. Fringe benefits charged to an award must comply with HHS regulations at 45 CFR §75.431 (https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75).

Provide the following information for the narrative and justification:

1. **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
2. **Name** – The name of the individual associated with the position (note if the position is vacant.)
3. **Rate** – The total fringe benefit rate used and a clear description of how the computation of fringe benefits was done.

    a. The justification must detail the elements that comprise the fringe benefits, e.g., FICA, worker's compensation. If a fringe benefit rate is not used, you should explain how the fringe benefits were computed for each position.

4. **Total Salary Charged to Award** – Use the amount provided under section A. Personnel (6).

5. **Total Fringe Charged to Award –** Provide total fringe amount based on the rate applied to the total salary charted to the award.

    a. Fringe benefits charged to the award can only reflect the percentage of time devoted to the project.
    b. Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

FEDERAL REQUEST - Sample Fringe Benefits Narrative

Position (1)	**Name (2)**	**Rate (3)**	**Total Salary Charged to Award (4)**	**Total Fringe Charged to Award (5)**
Project Director	Alice Doe	29.65%	$6,489	$1,924
Program Coordinator	Vacant, to be hired within 60 days of anticipated award date.	29.65%	$46,276	$13,720
FEDERAL REQUEST (enter in Section B column 1, line 6b of SF-424A)				**$15,644**

FEDERAL REQUEST – Sample Justification for Fringe Benefits

XYZ organization's Fringe benefits are comprised of:

Fringe Category	Rate
Retirement	10%
FICA	7.65%
Insurance	6%
Social Security	6%
Total	29.65%

The fringe benefit rate for full-time employees for years one and two is calculated at 29.65%. For years three, four, and five is anticipated to increase to 31%.

C. Travel

Travel costs charged to an award must comply with HHS regulations at 45 CFR §75.474. If your organization does not have documented travel policies, the federal GSA rates must be used (https://www.gsa.gov/portal/category/26429). If specific travel details are unknown, the basis for proposed costs should be explained (e.g., historical information).

Funds requested in the travel category should be only for project staff. Travel for consultants and contractors should be shown in the "Contract" cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the "Contract" cost category. Travel for training participants, advisory committees, and review panels should be itemized the same way as in this section but listed in the "Other" cost category.

Provide the following information for the narrative and justification:

1. **Purpose –** Briefly note the purpose of the travel, e.g., regional conference, training, site visit.
   a. The justification must identify the need for the travel if the travel is not specifically required by the FOA.
   b. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
2. **Location** – specify the start and end locations of the trip
3. **Item –** specify the costs associated with travel, e.g., mode of transportation accommodations, per diem.
4. **Rate Calculation –** specify the basis for the travel costs.
   a. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
   b. Costs for contingencies and miscellaneous costs are not allowable.
5. **Travel Cost Charged to Award –** provide the total cost of the travel to be charged to the award during the budget period.

FEDERAL REQUEST – Sample Travel Narrative

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)
Mandatory Recipient Conference	Chicago, IL to Washington D.C.	Airfare	$200/flight x 2	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
Local Travel		Mileage	3,000 miles @.38/mile	$1,140

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

FEDERAL REQUEST: Sample Justification for Travel

1. Two staff (Project Director and Evaluator) to attend mandatory recipient meeting in Washington, D.C.
2. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate.

D. Equipment

Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year and a value of $5,000 or more (or a cost capitalization threshold established by the applicant organization that is less). For example, an applicant may classify equipment at $1,500 with a useful life of a year.

Provide the following information for the narrative and justification:

1. **Item(s) –** Describe the equipment item(s) being purchased. The justification must relate the use of each item to the scope of work and implementation of specific program objectives.
2. **Quantity –** Identify the number of items to be purchased.
3. **Amount** – The total cost of purchase or lease the equipment.
   a. The justification should include the basis of how costs were estimated, e.g., fair market value, cost quotes.
   b. The justification should include a lease versus purchase analysis, or a statement addressing if it is feasible and/or cost effective to lease versus purchase.
4. **Percentage Charged to the Award –** The percentage of equipment's value to be charged to the award
5. **Total Charged to the Award –** The total cost of the equipment to that will be charged to the award.

FEDERAL REQUEST – Sample Equipment Narrative

Item(s) (1)	Quantity (2)	Amount (3)	% Charged to the Award (4)	Total Cost Charged to the Award (5)
FEDERAL REQUEST – (enter in Section B column 1, line 6d of SF-424A)				**$0**

E. Supplies

Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use.

Provide the following information for the narrative and justification:

1. **Items** – list supplies by type, e.g., office supplies, postage, laptop computers.
   a. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. **Calculation –** describe the basis for the cost, specifically the unit cost of each item, number needed and total amount.
3. **Supply Cost Charged to the Award −** provide the total cost of the supply items to be charged to the award during the budget period.

FEDERAL REQUEST – Sample Supplies Narrative

Item(s)	Rate	Cost
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	1 x $900	$900
Printer	1 x $300	$300
Projector	1 x $900	$900
Copies	8000 copies x .10/copy	$800
FEDERAL REQUEST − (enter in Section B column 1, line 6e of SF-424A)		**$3,796**

FEDERAL REQUEST – Sample Justification for Supplies

1. Office supplies, copies and postage are needed for general operation of the project.
2. The laptop computer and printer are needed for both project work and presentations for Project Director.
3. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

F. Contract

List the budgets for each sub-award, contract, consultant, or consortium agreement. Please note the differences between sub-awards, contracts, consultants, and consortium agreements:

- **Sub-recipient** means a non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal award, including a portion of the scope of work or objectives. Grant recipients are responsible for ensuring that all sub-recipients comply with the terms and conditions of the award, per 45 CFR §75.101.
- **Contracts** are a legal instrument by which the grant recipient purchases good and services needed to carry out the project or program under a Federal award. Contracts include vendors (dealer, distributor or other sellers) that provide, for example, supplies, expendable materials, or data processing services in support of the project activities. The grant recipient must have established 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. Per 45 CFR §75.2, when the substance of a contract meets the definition of sub-award, it must be treated as a sub-award.
- **Consortium Agreements** are between entities (which may or may not include the grant recipient) working collaboratively on an award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an award.
- **Consultants** are individuals retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.

Provide the following information for the narrative and justification:

1. **Name** – Provide the name of the entity and identify if it is a sub-recipient, contractor, or consultant.
2. **Service** – Identify the products or services to be obtained.
   a. As part of the justification provide a summary of the scope of work, the specific tasks to be performed, the necessity of the task for each sub-award or contract as it relates to the Project Narrative. Include the dates/length for the performance period. NOTE: costs that are outside the period of performance of the award cannot be charged to the award.
3. **Rate** – provide an itemized line item breakdown.
   a. If applicable, include any indirect costs paid under a sub-award and the indirect cost rate used. Do not incorporate sub-recipient, contract, or consultant indirect costs under the indirect costs line item for the grantee/recipient on the SF-424A and Section J of the budget narrative/justification.
4. **Contract Costs Charged to the Award** − Provide the total of the sub-recipient, consultant, or contract costs to be charged to the award during the budget period.

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

FEDERAL REQUEST – Sample Contracts Narrative

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$ 750
(2) Treatment Services	1040 Clients	$27/client per year		$28,080
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*Travel at 3,126 @ .50 per mile = $1,563 *Training course $175 *Supplies @ $47.54 x 12 months or $570 *Telephone @ $60 x 12 months = $720 *Indirect costs = $9,390 (negotiated with contractor)	$46,168
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12 month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
FEDERAL REQUEST – (enter in Section B column 1, line 6f of-424A)				**$86,998**

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

FEDERAL REQUEST – Sample Justification for Contracts

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. Client treatment services to be provided are based on organizational history of expenses.
3. The Case Manager is vital to providing client services related to the program and leading to successful outcomes.
4. The Evaluator is an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will be responsible for all data collection and reporting.
5. The Marketing Coordinator will develop a plan for public education and outreach efforts to engage clients in the community about recipient activities; and provide presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

G. Construction

Construction or major alternation and renovation are not authorized under this program. Leave this section blank on line 6g of the SF-424A. Such activities are allowable only when program legislation includes specific authority for construction. If requesting consideration of minor alteration and renovation, provide those costs under the "Other" cost category (line 6h of the SF-424A and Section H of the budget narrative/justification).

H. Other

This category addresses any costs not included in of the other cost categories. Costs that fall under "Other" would include:

- Minor alteration and renovation (Minor A & R)
    - Minor A & R is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement. Alteration and renovation may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major alterations and renovation where the total Federal and non-Federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds $500,000.

    - No more than $75,000 in Federal funds over the total period of performance may be used to support minor A&R activities, and such requested must be submitted to the GMS for formal prior approval. SAMHSA grant funds cannot be used to support the construction, expansion or major alternation and renovation of facilities. If the proposed project is part of a larger overall project that exceeds

$500,000, it may not be artificially segmented to achieve the cost threshold.

- Rent
- Client incentives
- Telephone
- Travel for training participants, advisory committees, and review panels
- Training activities (except costs for consultant and/or contractual).

Provide the following information for the narrative and justification:

1. **Item** − List items by type of material or nature of expense. In the justification, explain the necessity of each cost for successful implementation and completion of the project.
2. **Rate** − Break down costs by quantity and cost per unit as applicable.
   NOTE: Rent costs must be submitted with the following information:
   - The individual cost items that make up the total cost of the building
   - The methodology used to allocate the costs to the programs or activities operating in the building
   - Rent Questions Worksheet https://www.samhsa.gov/sites/default/files/rentquestionsworksheet.docx
   - Supporting documentation
3. **Costs Charged to the Award –** provide the costs charged to the award.

FEDERAL REQUEST – Sample Narrative for "Other"

Item	Rate	Cost
(1) Rent*	$15/sq. ft. x 700 sq. feet	$10,500
(2) Telephone	$100/mo. x 12 mo.	$1,200
(3) Client Incentives	$10/client follow-up x 278 clients	$2,780
(4) Brochures	.89/brochure X 1500 brochures	$1,335
FEDERAL REQUEST (enter in Section B column 1, line 6h of SF-424A)		**$15,815**

FEDERAL REQUEST – Sample Justification for Other

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

2. The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.
3. The $10 incentive is needed to meet program goals in order to encourage attendance and follow-up with 278 clients.
   Brochures will be used at various community functions, such as health fairs and exhibits.

I. Total Direct Charges

FEDERAL REQUEST – TOTAL DIRECT CHARGES - Section B column 1, line 6i of SF-424A (The Total Direct Charges will sum automatically on the form)	**$177,462**

J. Indirect Cost Rate

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified with an individual project or program but are necessary to the operations of the organization. Indirect costs may be charged to the award if:

- The applicant has a Federally approved indirect cost rate
- The applicant has never received a negotiated indirect cost rate and elects to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which can be used indefinitely for all awards until an indirect cost rate is approved. If the de minimis rate is proposed the applicant must clearly state in their justification that they have never received a negotiated IDC rate and are electing to charge a de minimis rate of 10% of modified total direct costs (MTDC).
  The MTDC indirect cost rate may be applied to:
  - All direct salaries and wages charged to the award;
  - Applicable fringe benefits;
  - Materials and supplies;
  - Services;
  - Travel; and
  - Sub-contracts (first $25,000 of each sub-contract)

  The MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition reimbursement, scholarships and fellowships, participant support costs, and the portion of each sub-award in excess of $25,000.

- If the FOA is for a training grant or cooperative agreement, the indirect cost rate is limited to **8 percent**. Please refer to 45 CFR §75.414 at https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_12, for more information about indirect costs and facilities and administrative costs.

Provide the following information for the narrative and justification:

1. **Calculation** – Briefly summarize type of indirect cost rate.
   a. Attach a copy of the current fully executed, negotiated agreement indirect cost rate agreement. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a proposal (2 CFR §200.414). The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s).
2. **Indirect Cost Charged to the Award** – list the total indirect costs that will be charged to the award. Costs must be calculated using the correct indirect cost base award (the categories of costs to which the indirect cost rate is applied).

Calculation (1)	**Indirect Cost Charged to the Award (2)**
Organization's Indirect Cost Rate of 10% (**10%** of personnel and fringe - **.10 x $68,409)**	$6,841
FEDERAL REQUEST – (enter in Section B column 1, line 6j of-SF-424A)	**$6,841**

FEDERAL REQUEST − TOTALS (6k) will sum automatically on the SF-424A

ADDITIONAL INSTRUCTIONS ON COMPLETING THE SF- 424A

In **Section A**, Use the first row only (Line 1) to report the total federal (e) funds and non-federal (f) funds requested for the **first year** of your project only.

In **Section B,** 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 **first year** of your project only. This total amount in 6k should be the same as the Total Federal Request for Year 1 entered on Line 1, Column (e) of Section A.

In **Section C**, if applicable, enter the funding/resources that your organization will contribute (Applicant) as well as support you expect to receive from the State or other sources**.** 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. [See Appendix I – Standard Funding Restrictions for information on allowable costs.]

In **Section D** Line 13, the funds needed for each quarter should be entered. The amount entered in "Total for First Year" should be the same as the amount entered in Column 1, Line 6k in Section B. Enter the amount for each quarter. The total in column 1 will sum automatically. Use the first row for federal funds and the second row for non-federal funds.

In **Section E**, the funds being requested for Year 2 should be entered, specifically Year 2 will be entered in column (b).

A sample of a completed SF-424A is included at the end of this appendix.

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

Proposed Project Period

a. Start Date: 09/30/2019 b. End Date: 09/29/2021

BUDGET SUMMARY (should include future years and projected total)

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$15,644	$16,114	$17,353	$17,873	$18,409	$85,393
Travel	$2,444	$1,140	$2,444	$1,140	$1,375	$8,543
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,998	$86,998	$86,998	$86,998	$86,998	$434,990
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$177,462	$176,148	$178,198	$176,905	$177,152	$885,865
Indirect Charges	$6,841	$7,046	$7,333	$7,553	$7,780	$36,553
Total Project Costs	**$184,303**	**$183,194**	**$185,531**	**$184,458**	**$184,932**	**$922,418**

*FOR REQUESTED FUTURE YEARS:

1. Justify and explain any changes to the budget that differ from the amounts reported in the Year 1 Budget Summary.

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

In Section IV-3 of the FOA, any funding limitations or restrictions for the project will be specified. If there are limitations, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used in the area where there is a limitation. For example, most FOAs include funding limitations for data collection and performance assessment. A sample budget for this area is shown below.

Data Collection & Performance Measurement	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Data Collection & Performance Measurement Costs**
Personnel	$6,700	$6,700	$6,700	$6,700	$6,700	$33,500
Fringe	$2,400	$2,400	$2,400	$2,400	$2,400	$12,000
Travel	$100	$100	$100	$100	1$100	$500
Equipment	0	0	0	0	0	0
Supplies	$750	$750	$750	$750	$750	$3,750
Contractual	$24,000	$24,000	$24,000	$24,000	$24,000	$120,000
Other	0	0	0	0	0	0
Total Direct Charges	$33,950	$33,950	$33,950	$33,950	$33,950	$169,750
Indirect Charges	$910	$910	$910	$910	$910	$4,550
Total Data Collection & Performance Measurement Charges	**$34,860**	**$34,860**	**$34,860**	**$34,860**	**$34,860**	**$174,300**

The percentage of the budget that will be spent on data collection and performance measurement does not exceed 20% for any budget period. Maximum percentage for any budget period is 18.9% ($34,860/$184,303 – Year 1).

A sample budget for funding limitations related to infrastructure development is shown below.

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infra-structure Costs
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	$558	$558	$558	$558	$558	$2,790
Travel	0	0	0	0	0	0
Equipment	$15,000	0	0	0	0	$15,000
Supplies	$1,575	$1,575	$1,575	$1,575	$1,575	$7,875
Contractual	$5,000	$5,000	$5,000	$5,000	$5,000	$25,000
Other	$1,617	$2,375	$2,375	$2,375	$2,375	$11,117
Total Direct Charges	$26,000	$11,758	$11,758	$11,758	$11,758	**$73,032**
Indirect Charges	$280	$280	$280	$280	$280	**$1,400**
Total Infrastructure Costs	**$26,280**	**$12,038**	**$12,038**	**$12,038**	**$12,038**	**$74,432**

The maximum percentage of the budget that will be spent on infrastructure development for any budget period is 14.2% ($26,280/$184,303 – Year 1).

SAMPLE OF COMPLETED SF-424A

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Title of FOA	93.243			$184,303		$184,303
2.						
3.						
4.						
5. Totals				$184,303		$184,303

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SECTION B – BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
a. Personnel	$52,765				$52,765
b. Fringe Benefits	$15,644				$15,644
c. Travel	$2,444				$2,444
d. Equipment	$0				$0
e. Supplies	$3,796				$3,796
f. Contractual	$86,998				$86,998
g. Construction	$0				$0
h. Other	$15,815				$15,815

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Title of FOA	(2)	(3)	(4)	
i. Total Direct Charges (sum 6a-6h)	$177,462				$177,462
j. Indirect Charges	$6,841				$5,6,841
k. TOTALS (sum of 6i and 6j)	$184,303				$184,303
7. Program Income					

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SECTION C – NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Title of FOA				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D – FORECASTED CASH NEEDS					
13. Federal	Totals for 1st Year $184,303	1st Quarter $46,075	2nd Quarter $46,076	3rd Quarter $46.076	4th Quarter $46,076
14. Non-Federal					
15.TOTAL (sum of lines 13 and 14)	$184,303	$46,075	$46,076	$46,076	$46,076

SECTION C – NON-FEDERAL RESOURCES				
SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	**FUTURE FUNDING PERIODS**			
	(a) First	**(b) Second**	**(c) Third**	**(d) Fourth**
16. Title of FOA	$184,498	$185,531	$185,762	$186,001
17.				
18.				
19.				
20. TOTAL (Sum of lines 16-19)	$184,194	$185,531	$184,458	$184,932

SECTION F – OTHER BUDGET INFORMATION	
21. Direct Charges:	**22. Indirect Charges:**
23. Remarks:	

Appendix K – Annual Award Allocation of Tribal Opioid Response Grants

Funds will be distributed noncompetitively based on the distribution below. An application must be submitted in order for funds to be awarded. If individual tribes which are part of a consortium/tribal organization listed below wish to apply separately, funding for the separate application would be based on the proportion of the tribe's user population compared to the overall user population of the consortium. This funding must also be subtracted from the application of the consortium.

(Note: If all tribes do not apply, funds remaining will be redistributed to all grantees proportionally based on the same formula)

	Funding per year
Ak Chin Indian Community	$70,979
Alabama-Coushatta Tribe of Texas	$71,079
Alamo Band of Navajos	$57,269
Apache Tribe of Oklahoma	$96,419
Arctic Slope Native Assn.	$130,935
Bois Forte Band (Nett Lake)	$91,807
Bristol Bay Area Health Corporation	$135,747
Cabazon Band of Mission Indians	$50,276
Caddo Nation of Oklahoma	$83,711
Canoncito Band of Navajos (To'hajiilee)	$98,173
Cayuga Nation	$53,334
Central Valley	$192,667
Chemehuevi Tribe	$56,617
Chickahominy Indian Tribe	$50,000
Chickahominy Indian Tribe Eastern Division	$50,000
Chickaloon Village	$51,529
Chitimacha Tribe of Louisiana	$70,703
Chitina Traditional Village Council	$51,328
Cocopah Tribe	$63,334
Coeur d'Alene	$168,004
Colorado River Indian Tribes	$165,044
Colusa Rancheria	$52,682
Comanche Nation	$234,499
Confederated Tribes of the Goshute Reservation	$52,807
Consolidated Tribal Health Program	$127,548
Coos, Lower Umpqua, Siuslaw	$66,643

Council of Athabascan	$75,039
Coushatta Tribe of Louisiana	$68,121
Crow Creek Sioux Tribe	$162,437
Delaware Nation	$61,103
Duck Valley Shoshone Paiute Tribe	$87,020
Duckwater Shoshone Tribe	$53,008
Eastern Band of Cherokee Indians	$324,655
Eklutna Native Association	$50,200
Ely Shoshone Tribe	$58,973
Eyak (Cordova), Native Village of	$60,000
Fallon Paiute Shoshone Tribe	$85,090
Flandreau Santee Sioux Tribe	$93,887
Fort McDermitt Paiute and Shoshone Tribe	$58,472
Fort McDowell Yavapai Nation	$74,813
Fort Mojave	$92,283
Fort Sill Apache Tribe of Oklahoma	$56,341
Grand Portage Band	$62,758
Greenville Rancheria Tribal Health	$86,694
Gun Lake Tribe Match-e-be-nash-she-wish Band of Pottawatomi Indians	$65,289
Havasupai Tribe	$63,384
Hopi Tribe	$160,435
Houlton Band of Maliseet Indians	$60,828
Hualapai Tribe	$107,948
Iowa Tribe of Kansa and Nebraska	$66,592
Jamestown S'Klallam	$60,627
Jicarilla Apache Nation	$125,468
Kaibab Band of Paiute Indians	$53,735
Kaw Nation	$90,879
Kenaitze Indian Tribe	$147,424
Kiowa Indian Tribe of Oklahoma	$168,004
Kodiak Area Native Association	$159,455
Koi Nation	$50,000
Lac Vieux Desert Band of Lake Superior Chippewa Indians	$64,738
Lake County Tribal Health Council	$104,965
Las Vegas Paiute Tribe	$122,260
Lassen Indian Health Program	$72,633
Lovelock Paiute Tribe	$54,988
Manlius (Onondaga)	$63,710
Mariposa Amador Calaveras Tuolumne	$106,870

Mescalero Apache Tribe	$150,056
Metlakatla Indian Community	$84,238
Miami Tribe of Oklahoma	$60,126
Miccosukee Tribe of Indians of Florida	$67,946
Moapa Band of Paiute Indians	$57,945
Modoc Indian Health Program	$55,790
Modoc Tribe of Oklahoma	$51,303
Monacon Indian Nation	$50,000
Mt. Sandford Tribal Consortium	$53,083
Muckleshoot	$140,810
Nansemond Indian Tribe	$50,000
Narragansett Indian Tribe	$65,490
Navajo Nation	$5,954,519
Nez Perce	$151,309
Northern Arapaho Tribe	$171,739
Northern Valley Indian Health	$139,629
Norton Sound Health Corporation	$248,134
Oneida Indian Nation	$96,644
Otoe-Missouria Tribe of Indians	$101,131
Ottawa Tribe of Oklahoma	$59,625
Paiute Indian Tribe of Utah	$73,761
Pamunkey Indian Tribe	$50,000
Paskenta/Rolling Hills	$51,404
Passamaquoddy Tribe - Indian Township	$70,728
Passamaquoddy Tribe - Pleasant Point	$76,768
Peoria Tribe of Indians of Oklahoma	$60,978
Poarch Band of Creek Indians	$125,217
Ponca Tribe of Nebraska	$144,266
Ponca Tribe of Oklahoma	$137,549
Port Gamble	$91,230
Prairie Band Potawatomi Nation	$89,025
Prairie Island Indian Community	$50,351
Pueblo of Acoma	$124,114
Pueblo of Cochiti	$69,826
Pueblo of Isleta	$138,601
Pueblo of Jemez	$116,620
Pueblo of Laguna	$151,033
Pueblo of Nambe	$62,006
Pueblo of Picuris	$53,008
Pueblo of Pojoaque	$57,394

Pueblo of San Felipe	$122,385
Pueblo of San Ildefonso	$62,306
Pueblo of Sandia	$61,529
Pueblo of Santa Ana	$66,517
Pueblo of Santa Clara	$76,894
Pueblo of Santo Domingo	$136,521
Pueblo of Tesuque	$59,098
Pueblo of Zia	$71,981
Pueblo of Zuni	$194,698
Pyramid Lake Paiute Tribe	$97,622
Quechan Tribe	$143,915
Quileute	$65,565
Ramah Band of Navajos	$115,643
Rappahannock Tribe	$50,000
Redding Rancheria	$139,554
Round Valley Indian Health Program	$80,904
Sac and Fox Nation of Missouri	$52,456
Saginaw Chippewa Indians of Michigan	$137,273
San Carlos Apache Tribe	$322,600
Santa Ynez Tribal Health Program	$85,466
Sauk-Suiattle	$52,206
Seldovia Village Tribe	$70,653
Seminole Nation of Oklahoma	$144,043
Seneca-Cayuga Nation	$76,342
Shakopee Mdewakanton Sioux Community	$58,146
Shingle Springs	$84,689
Skull Valley Band of Goshute Indians	$50,652
Snoqualmie	$66,467
Sokaogon Chippewa Community	$61,404
Southeast Alaska Regional	$401,376
Southern Ute Indian Tribe	$83,385
Squaxin Island	$72,457
Summit Lake Paiute Tribe	$52,055
Swinomish	$87,195
Sycuan	$52,582
Table Mountain	$50,150
Tejon Indian Tribe	$60,402
Te-Moak Tribe of Western Shoshone	$97,045
Tonawanda Seneca Nation	$51,253
Tonkawa Tribe of Indians of Oklahoma	$63,033

Tonto Apache Tribe	$53,860
Tuolumne Band of Me-Wuk Indians	$61,128
Tuscarora Nation	$55,539
Upper Mattaponi Tribe	$50,000
Upper Sioux Community	$56,141
Ute Indian Tribe	$147,324
Ute Mountain Ute Tribe	$94,739
Walker River Paiute Tribe	$72,081
Wampanoag Tribe of Gay Head (Aquinnah)	$56,617
White Mountain Apache Tribe	$423,959
Wichita and Affiliated Tribes	$90,729
Wilton Rancheria	$92,057
Winnemucca Indian Colony	$54,060
Wyandotte Nation	$70,101
Yavapai-Prescott Tribe	$59,775
Yerington Paiute Tribe	$65,189
Yomba Shoshone Tribe	$52,456
Ysleta Del Sur Pueblo	$90,905