Certified Community Behavioral Health Clinic Planning, Development, and Implementation Program Overview

March 30, 2022
3:00 PM Eastern Standard Time

Please Stand By – This webinar will begin shortly.

To access the audio portion of this webinar,
Dial: 888-790-7803; Passcode: 1718439

https://www.samhsa.gov/grants/grant-announcements/sm-22-002
Basic Information

Estimated Total Available Funding: $156,000,000

Estimated Number of Awards: Up to 156

Estimated Award Amount: $1,000,000

Length of Project Period: Up to 4 Years

Application Due Date: Monday, May 17, 2022

Anticipated Project Start Date: September 30, 2022
Program Purpose and Intent

Transform community behavioral health systems and provide comprehensive, coordinated, and integrated behavioral health care by establishing new CCBHC programs.

The CCBHC-PDI program is designed to support behavioral health care providers that need planning and support to come into compliance with the CCBHC Certification Criteria within a year.

- Assist organizations in the planning for, developing and implementing a CCBHC that meets the CCBHC Certification Criteria
- Provide a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery support services based on a community needs assessment
- Support recovery from mental illness and/or SUDs by providing access to high-quality mental health and SUD services, regardless of an individual’s ability to pay.
Population of Focus

Individuals with or at risk for mental illness and/or substance use disorders, including those with serious mental illness (SMI), substance use disorder (SUD) including opioid use; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis.

SAMHSA expects that applicants will include a focus on groups facing health disparities, as identified in the community needs assessment in the population of focus.
Eligibility

Community-based behavioral health non-profit organizations, OR
Organizations that are either:
   a) part of a local government behavioral health authority*; or
   b) operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization; or
   c) an Urban Indian Organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

All non-profit entities must submit documentation of their non-profit status in Attachment 8 of your application.

*As provided for in the CCBHC Certification Criteria, a CCBHC is considered part of a local government behavioral health authority when a locality, county, region, or state maintains authority to oversee behavioral health services at the local level and utilizes the clinic to provide those services. (See https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf.)
The intent of this program is for development of new CCBHCs.

Applications from the following types of organizations will NOT be reviewed:

- Currently operating as a Medicaid Demonstration program grant, a CCBHC - Expansion grant, or have state certification.
- Received SAMHSA CCBHC-Expansion grant funding in FY 2021 under SM-21-013.
• Applicants shall submit a letter from their state or territory Mental Health Authority in Attachment 10, indicating approval of the applicant’s proposal to initiate and/or develop a CCBHC within the state/territory. The letter must include whether the state will assume responsibility for CCBHC certification. This requirement is waived for Tribal applicants.

• The Project Narrative must not exceed 10 pages. If the Project Narrative is over 10 pages, the application will not be considered for review.
Evidence of Experience and Credentials

Applicants must submit evidence in Attachment 1 of their application meeting three additional requirements related to the provision of services.

- Be licensed to provide mental health and/or SUD services at the time of application and must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

If proposing to use Designated Collaborating Organization (DCOs), each DCO must be also licensed, certified, and/or approved by the state to provide the relevant scope of services appropriate to the grant.

- Be capable of becoming licensed, certified, and/or approved by the state, territory, or American Indian/Alaska Native tribe or tribal organization to provide both mental health and SUD services to individuals of all ages at the time-of-service delivery, i.e., twelve months after award.

Each mental health/SUD treatment provider organization (this includes the applicant organization performance sites and any DCOs participating in the grant) must have at least two years of experience (as of the due date of the application) providing relevant services.
Required Application Components

Budget Information (NOFO, p. 19)

SF-424A (p. 21)

Budget Justification and Narrative Example – See Appendix L (p. 76)

Project Narrative – No longer than 10 PAGES (p. 22)

• Attachments 1 – 12 (23 - 25)

• Attachment 1: Direct Service Provider Organizations (p. 23)

• Attachment 2: Data Collection Instruments/Interview Protocols (p. 23)

• Attachment 3: Sample Consent Forms (p. 24)

• Attachment 4: Project Timeline (p. 24)
• Attachment 5: Biographical Sketches and Position Description – See Appendix G (p. 61)
• Attachment 6: Letter to Single State Agency (SSA) - See Appendix J (p. 68)
• Attachment 7: Confidentiality and Participant Protection/Human Subject Guidelines - See Appendix D (p. 52)
• Attachment 8: Documentation of Non-Profit Status (p. 24)
• Attachment 9: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations (p. 25)
Required Application Components, cont’d

• Attachment 10: Letter from the State/Territory Mental Health Authority (this requirement is waived for tribal applicants) (p. 25)

• Attachment 11: CCBHC Certification Criteria Service Delivery and Expansion Chart - See Appendix N (p. 101)

• Attachment 12: Participation in the Implementation Science Pilot (Applicants not electing to participate in the implementation science pilot are not required to submit this attachment.) (p. 25)
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, start the registration process immediately. Do not wait to start this process.

SEE APPENDIX A FOR DETAILED INSTRUCTIONS
You are required to complete four (4) registration processes:

- Dun & Bradstreet Data Universal Numbering System (DUNS number)
  Please review the information in Appendix A on the DUNS number transitioning to a new Unique Entity Identifier (UEI) effective April 2022.
- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons.

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.

SEE APPENDIX A
FOR DETAILED INSTRUCTIONS
Key Staff (NOFO, Section I.2)

Key personnel are staff members who must be part of the project 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.

The Key Personnel for this program:

| Project Director, minimum level of effort of 0.5 FTE | Evaluator, minimum level of effort of 0.5 FTE |

These positions require prior approval by SAMHSA after a review of staff credentials and the job descriptions.
Required Activities (NOFO, Section I.3)

- Within six months after award, complete a community assessment of the needs of the population(s) of focus in the catchment area that addresses: (1) the availability and accessibility of services; and (2) the cultural, linguistic, and treatment needs, including the needs of all sub-populations (e.g., racial, ethnic, gender, sexual orientation) who experience disparities in access to and outcomes from behavioral health services. Input from consumers and family members must be integrated into the assessment.

- Within eight months after award, develop a plan for staffing, training, and delivery of all required services, including care coordination, language accessibility, and use of evidence-based practices.
Within one (1) year of grant award, provide the following nine core CCBHC services, as described in the Certification Criteria, Program Area 4, Scope of Services:

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- Screening, assessment, and diagnosis, including risk assessment.
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- Outpatient mental health and substance use services.
- Outpatient clinic primary care screening and monitoring of key health indicators and health risks (e.g., BMI, blood pressure, tobacco use, HIV/Viral Hepatitis).
- Targeted case management.
- Psychiatric rehabilitation services.
- Peer support, counselor services, and family supports.
- Intensive, community-based mental health for members of the armed forces and veterans.
• Provide five of the nine services by the sixth month after award. The services include those provided directly by the CCBHC and those provided by any Designated Collaborating Organizations (DCOs) as described in the CCBHC Certification Criteria.

• Implement infrastructure development activities to address the operational changes needed to meet the certification criteria and improve the quality and effectiveness of CCBHC services. [NOTE: No more than 25 percent of the annual funding award may be used for infrastructure development in Years 1 and 2. No more than 20 percent of the annual funding award may be used for infrastructure development in Years 3 and 4]. The infrastructure changes include the following:
  o Developing and maintaining Health Information Technology (HIT) systems to facilitate care coordination (Certification Criteria 3.b).
  o Supporting electronic health information exchange to improve care transition (Certification Criteria 3.b). Developing and maintaining care coordination agreements with partners (Certification Criteria 3.c). Supporting processes and procedures for collecting, reporting, and tracking encounter, outcome, and quality data (Certification Criteria 5.a).
  o Developing and implementing a CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management (Certification Criteria 5.b).
Required Activities, cont’d

• As described in the CCBHC Certification Criteria, meaningfully involve consumers and family members in designing, providing, monitoring, evaluating program services and participating in or providing meaningful input to the CCBHC board (Certification Criteria 1.a, 1.c, 3.a, 4.j, 4.k, 5, and 6.b).

• Within one year of grant award, be in compliance with the CCBHC Certification Criteria and deliver services with fidelity to the requirements of the CCBHC Certification Criteria. No later than 12 months following award, recipients will be required to submit either of the following:
  o An attestation demonstrating compliance with the CCBHC Certification Criteria as requested by SAMHSA (see Appendix M); or
  o A copy of the certification application and state concurrence of certification.
• Within one year of grant award, develop and implement a sustainability plan to support delivery of services once federal grant funding ends; and update the sustainability plan annually.

• Six months prior to the start of year 4, as specified within the Certification Criteria, complete a follow-up community needs assessment and update grant activities, including staffing plan, training plan, etc., as needed. Within six months of completing the follow-up community needs assessment, submit an updated attestation to meeting the CCBHC Certification Criteria.
Allowable Activities (NOFO, Section I.4)

• Participate in a SAMHSA implementation science pilot designed to create a roadmap of how to best implement the treatments needed for people receiving public mental health services.
  o Recipients will receive technical assistance on the removal of barriers and promotion of facilitating factors related to the implementation and sustainability of selected evidence-based practices with fidelity.
  o Recipients will also be directed to a National Institute of Mental Health (NIMH) program announcement about partnering with researchers to support and evaluate recipient-level implementation science projects. [NOTE: Additional information can be found at: https://www.samhsa.gov/sites/default/files/ccbhc-implementation-science-pilot.pdf.]

Applicants electing to participate in the pilot shall include their intention to participate in Attachment 12 of the application. If an applicant does not elect to participate in the pilot, you do not need to submit Attachment 12.

• Incorporate measurement-based care into program implementation. Measurement-based care (MBC) is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision-making.
Allowable Activities, cont’d

• Implement activities that address behavioral health disparities and the social determinants of health within the scope of services and activities described under the CCBHC Certification Criteria.

• Partnership development with other service providers and stakeholders.

• Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the CCBHC model.

• Cultural competency and implicit bias reduction training to service providers to increase awareness and acknowledgment of differences in language, age, culture, socio-economic status, political and religious beliefs, sexual orientation and gender identity, and life experiences.

• Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the Behavioral Health Guide for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care).

• Development/revision of credentialing, licensure, or accreditation requirements.
Certification Criteria

The CCBHC-PDI program is designed to support behavioral health care providers that need planning and support to come into compliance with the CCBHC Certification Criteria within one year of participating in the CCBHC-PDI program.

Link to the certification criteria:
Evidence-Based Practices (NOFO Section I.5)

- 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.

- While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus.

- If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized. If one does not exist, but there are evidence-informed and/or culturally promising practices that are appropriate or can be adapted, these interventions may be implemented in the delivery of services.

- In your Project Narrative, in response to Section C of Section V of this NOFO, you will need to:
  - identify the evidence-based practice(s) and/or interventions that are evidence-informed and/or culturally promising that are appropriate or can be adapted to meet the needs of your specific population(s) of focus.
  - discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus.
  - address how these interventions will improve outcomes and address how you will monitor and ensure fidelity of EBPs and other appropriate interventions.
Recipients are required to collect and report NOMS client level data in SPARS at baseline, every six months thereafter, and discharge.

<table>
<thead>
<tr>
<th>Collect and report quarterly Infrastructure, Prevention, and Promotion (IPP) data to include, but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.</td>
</tr>
<tr>
<td>The number of work group/advisory group/council members who are consumers/family members as a result of the grant.</td>
</tr>
<tr>
<td>The number of people receiving evidence-based mental health-related services as a result of the grant.</td>
</tr>
<tr>
<td>The number and percentage of individuals receiving mental health or related services after referral.</td>
</tr>
</tbody>
</table>

SPARS access, guidance, and technical assistance on data collection and reporting will be provided upon award.
Quality Measures: Recipients are required to collect data on the clinic-level quality measures required under the CCBHC Certification Criteria and report on these data in the annual progress performance report starting at the end of the second grant year. Guidance on collection and reporting of clinic-level quality measures will be provided following award.

National Evaluation: Recipients are required to participate fully in all aspects of the evaluation. National evaluation activities can include but are not limited to:

1. identifying and providing access to existing data sources and data analysis results;
2. assisting with organizing evaluation team on-site visits;
3. participating in interviews or focus groups;
4. reviewing and providing input into and feedback on evaluation plans and reports; and
5. helping the evaluation team to arrange for any necessary direct data collection that the evaluation team will conduct. This may include collection of additional client-level data and participation of sub-recipients.

Details on the evaluation, including type of evaluation and research questions, will be provided upon award.
Funding Limitations/Restrictions

According to NOFO, Section IV.5. Funding Limitations/Restrictions:

- No more than 25 percent of the total grant award for the budget period in each of Year 1 and Year 2, and no more than 20 percent of the total grant award for budget period in each of Year 3 and Year 4, may be used for developing the required infrastructure.

- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

- Grant funds may not be used to provide services for in-patient settings, residential/inpatient substance abuse treatment facilities, or jails and prisons with the exception of in-reach, treatment planning, and transitional service to facilitate seamless coordination with community-based mental health and SUD services.

- Services also provided at temporary crisis stabilization settings are allowable.

- No more than $30,000 per year may be used for the purchase of prescription or over-the-counter medications.

See also, Appendix I– Standard Funding Restrictions
Application Evaluation Criteria (See NOFO, Section V.1)

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

**Section B:** Proposed Implementation Approach (30 points – approximately 6 pages)

**Section C:** Proposed Evidence-Based Service/Practice
(25 points approximately 1 page)

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

**Section E:** Data Collection and Performance Measurement
(15 points – approximately 1 page)
Section A: Population of Focus and Statement of Need

1. Identify and describe your population(s) of focus and the geographic catchment area where services will be delivered that align with the intended population of focus of this program. Include a description of specific population(s) (i.e., race, ethnicity, sex, sexual orientation, gender identity, age, socioeconomic status) for which the grant seeks to address behavioral health disparities and the disparities that the grant will impact.

2. 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 identified in your response to A.1. Identify the source of the data.
Section B: Proposed Implementation Approach

1. Describe the goals and measurable objectives (see Appendix E) of the proposed project and align them with the Statement of Need described in A.2.

2. Describe how you will implement all of the Required Activities and Allowable Activities in Section I, if applicable, including:
   a. A description of the services you are currently providing and the services you will be providing by the sixth month following award.
   b. A description of the specific services you will be implementing or improving as a result the grant program.
   c. How you will conduct a needs assessment within the first six months of grant award (and update it within three years) and how that needs assessment will be used to inform the selection of EBPs, staffing, training plans, and the proposed project.
3. In Attachment 4, provide a chart or graph depicting a realistic timeline for the entire four years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I.

NOTE: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than six months after grant award. The timeline cannot be more than two pages and should be submitted in Attachment 4. The recommendation of pages for this section does not include the timeline.

4. In Attachment 11, include a CCBHC Certification Criteria Service Delivery and Expansion Chart (see Appendix N for the required format) that summarize your current level of adherence to the certification criteria at the time of your application, as well as proposed grant activities, and timing for these activities, that will enable you to come into compliance with the certification criteria.

NOTE: In Appendix N, be sure to include detail under the six Program Requirements and nine required services. The chart cannot be more than four pages and should be submitted in Attachment 11. The recommendation of pages for this section does not include the chart.
1. Identify the Evidence-Based Practice(s) (EBPs), evidence-informed, and/or culturally promising practices that will be used and the EBPs, evidence-informed, and/or culturally promising practices that will be improved under the grant. Discuss how each intervention chosen is appropriate for your population(s) of focus and the outcomes you want to achieve. Describe any modifications that will be made to the EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

2. Describe how you will monitor and ensure fidelity of EBPs, evidence-informed and/or promising practices that will be implemented.
Section D: Staff and Organizational Experience

1. Describe the experience of your organization with similar projects and/or providing services to the population(s) of focus for this NOFO. Identify other organization(s) that you will partner with in the proposed project. Describe their experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project. If applicable, Letters of Commitment from each Designated Collaborating Organizations (DCOs) must be included Attachment 1 of your application. If you are not partnering with any DCOs indicate so in your response. Letters should include the services the DCO plans to provide under the umbrella of the CCBHC and an assurance that they have at least two years of experience providing those services.

2. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) 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).
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.

2. Provide specific information about how you will collect the required CCBHC quality measures and how quality measure data will be used to manage, monitor, and improve the program.
Grants Management Overview

Division of Grants Management
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
1. Applying for a Grant - Available Resources
2. Applicable Policies & Regulations
3. Factors Affecting Allowability of Costs
4. Budget Narrative & Justification
5. Sample Budget Template
6. SF-424A
7. Key Personnel
8. Indirect Cost Rate
9. Funding Limitations/Restrictions
10. Questions/Technical Support
A manual is available for applicants: Developing a Competitive SAMHSA Grant Application (PDF | 1 MB).

This manual will provide applicants with valuable information about how to prepare a strong grant application.

Additional information can be found on: https://www.samhsa.gov/grants/grants-training-materials
Learn more about registering, searching, and applying for federal grant opportunities.

- **Recording of the SAMHSA Applicant Webinar (39 minutes)**
- **NOFO Applicant Webinar Presentation (PDF | 7 MB)**
- **Grants.gov Video Series**

For more information refer to: [https://www.samhsa.gov/grants/applying](https://www.samhsa.gov/grants/applying)

- **Note:** Effective April 4, 2022, the Data Universal Numbering System (DUNS) Number will be replaced by a Unique Entity Identifier (UEI) assigned by the System for Award Management (SAM.gov). For more information, please refer to [https://sam.gov/content/duns-uei](https://sam.gov/content/duns-uei).


• Financial Management Requirements - the financial management control areas provide recipients with guidance for ensuring their existing accounting and personnel policies and procedures (P&P) include the necessary controls. The guidance is also used by SAMHSA to complete Financial Capability Reviews (FCRs) of new and prospective grantees. Learn more about grantees financial management requirements.

• The Notice of Funding Opportunity (NOFO)
<table>
<thead>
<tr>
<th>Recipient Type</th>
<th>Uniform Admin Requirements</th>
<th>Cost Principles</th>
<th>Audit Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>State &amp; Local Governments</td>
<td>45 CFR 75, Subpart C and D</td>
<td>45 CFR 75, Subpart E</td>
<td>45 CFR 75, Subpart F</td>
</tr>
<tr>
<td>College &amp; Universities</td>
<td>45 CFR 75, Subpart C and D</td>
<td>45 CFR 75, Subpart E</td>
<td></td>
</tr>
<tr>
<td>Non-Profits</td>
<td></td>
<td>45 CFR 75, Subpart E</td>
<td></td>
</tr>
</tbody>
</table>
FACTORS AFFECTING ALLOWABILITY OF COSTS

Proposed budgets must contain allowable, reasonable, and allocable costs, as defined under 45 CFR 75.403, 75.404, and 75.405.

- **Allowable** costs, unless otherwise authorized by program statute are necessary and reasonable for award performance and allowable under the cost principles.

- **Reasonable** costs are not in excess of what would normally be incurred by a prudent person under the circumstances prevailing at the time the decision was made, given market rates, effort and the organization’s documented policies.

- **Allocable** costs can be charged to a federal award if the goods or services are chargeable in accordance with relative benefits received.
• All applications must include a detailed budget and narrative justification that explains the federal and the non-federal expenditures.

• The detailed budget and narrative justification must be consistent with and support the Project Narrative.

• You must provide 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.
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, or historical records.

Detailed Breakdowns must be provided of the materials, quantities, number of persons, cost per unit/hour, number of hours/levels of effort, or other relevant basis to show how costs will be utilized towards achieving the grant’s goals and objectives. This is to facilitate the determination of whether the proposed costs are allowable, reasonable, and allocable.

An illustration of a budget and narrative justification is included in Appendix L of the NOFO.
To reduce errors and expedite the review of your budget, it is highly recommended you use the SAMHSA Budget Template to complete the Detailed Budget and Narrative Justification required for submission with your application.

- Over the years, numerous recipients requested a template to present budget information. We heard you!!
- The budget template was created with extensive recipient consultation and input and designed to avoid all the common budget preparation pitfalls.
- The SAMHSA Budget Template includes a wealth of helpful tooltips and resources to assist and guide you with preparation of your budget.
- The budget template is available at: https://www.samhsa.gov/grants/applying/forms-resources

**Note:** For SAMHSA to view all your budget data, you must flatten/convert the PDF to a non-editable format by PRINTING TO PDF before submission.

The following resources provide guidance on use of the budget template:

- Key Features of the Budget Template
- Budget Template Users Guide
- Budget Review Checklist (For review of your Detailed Budget before submission)
**SAMPLE SF-424A (MATCH NOT REQUIRED)**

**On row 1 input:** NOFO# - Federal (e.g. XX-19-000 – Federal)

**Enter the CFDA # from the 1st page of the NOFO**

**Complete only this column Federal (e)**

**All totals in the circles must match**

**Use the "New or Revised Budget" section for New Applications**

**Note:** Section A Total must equal Section B Total

---

### BUDGET INFORMATION - Non-Construction Programs

#### SECTION A - BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Grant Program Function or Activity (a)</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Federal (c)</td>
<td>Non-Federal (d)</td>
</tr>
<tr>
<td>1. TI-18-016 - Federal</td>
<td>93,788</td>
<td>$247,500.00</td>
<td>$247,500.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Totals</td>
<td></td>
<td>$247,500.00</td>
<td>$247,500.00</td>
</tr>
</tbody>
</table>

#### SECTION B - BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>Grant Program, Function or Activity (a) (1) TI-18-016 - Federal (2) (3) (4) (5)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel</td>
<td>$80,000.00</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>c. Travel</td>
<td>$21,000.00</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>$26,000.00</td>
</tr>
<tr>
<td>e. Supplies</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>f. Contractual</td>
<td>$0.00</td>
</tr>
<tr>
<td>g. Construction</td>
<td>$0.00</td>
</tr>
<tr>
<td>h. Other</td>
<td>$81,500.00</td>
</tr>
<tr>
<td>i. Total Direct Charges (sum of 6a-6h)</td>
<td>$247,500.00</td>
</tr>
<tr>
<td>j. Indirect Charges</td>
<td>$0.00</td>
</tr>
<tr>
<td>k. TOTALS (sum of 6i and 6j)</td>
<td>$247,500.00</td>
</tr>
<tr>
<td>7. Program Income</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
**SAMPLE SF-424A (MATCH NOT REQUIRED)**

### Section C: Non-Federal Resources

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>(b) Applicant</th>
<th>(c) State</th>
<th>(d) Other Sources</th>
<th>(e) TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. TI-18-016 - Federal</td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. TOTAL (sum of lines 8-11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C is not applicable (match not required)

All totals in the circles should match (sections A, B, D)*

### Section D: Forecasted Cash Needs

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Federal</td>
<td>$247,500.00</td>
<td>$61,875.00</td>
<td>$61,875.00</td>
<td>$61,875.00</td>
</tr>
<tr>
<td>14. Non-Federal</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. TOTAL (sum of lines 13 and 14)</td>
<td>$247,500.00</td>
<td>$61,875.00</td>
<td>$61,875.00</td>
<td>$61,875.00</td>
</tr>
</tbody>
</table>

Section D is for the 1st federal year of funding only (match not required).

Show funds allocation per quarter.

### Section E: Budget Estimates of Federal Funds Needed for Balance of the Project

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>(b) First</th>
<th>(c) Second</th>
<th>(d) Third</th>
<th>(e) Fourth</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. TI-18-016 - Federal</td>
<td>$247,500.00</td>
<td>$247,500.00</td>
<td>$247,500.00</td>
<td>$247,500.00</td>
</tr>
</tbody>
</table>

Section E is for the future budget period (year 2)

Federal funds needed for 2nd budget period

Federal funds needed for 3rd budget period

Federal funds needed for 4th budget period

Federal funds needed for 5th budget period

### Section F: Other Budget Information

Section F is optional

* Section D – Forecasted Cash Needs, Federal (line 13) amount must equal Section A Budget Summary and Section B Budget Categories federal funding. Ensure that Section D “TOTAL” amount = Section A and Section B TOTALS.
AVOIDING COMMON ISSUES WITH THE SF-424A

- “SECTION D - FORECASTED CASH NEEDS” column “Total for 1st year” line “15. TOTAL” MUST EQUAL “SECTION A - BUDGET SUMMARY” subsection “New or Revised Budget” column “Total (g)” line “5. Totals” amount.

- “SECTION B – BUDGET CATEGORIES” column “Total (5)” line “K. TOTALS” MUST EQUAL “SECTION A - BUDGET SUMMARY” subsection “New or Revised Budget” column “Total (g)” line “5. Totals” amount.

- The number of years indicated in “SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS....” subsection “FUTURE FUNDING PERIODS (YEARS)” MUST correlate with the number of years based on the “Start Date” and “End Date” in section “17. Proposed Project” on the SF 424. Enter data for the first budget period in Section D and enter future budget periods in Section E. Please refer to the Notice of Funding Opportunity (NOFO) for additional guidance.
KEY PERSONNEL

1. The Key Personnel for this program is the Project Director (PD) with at least a 50% level of effort (LOE) and the Evaluator with at least a 50% level of effort (LOE).
   a) Both require review and approval by SAMHSA.
   b) List both positions in your detailed budget (even if funded in-kind or with matching contributions).
   c) Provide both Key Personnel resumes and job/position descriptions.

2. List the Principal Investigator (PI) or PD to be designated as “Contact” in section 8f and reflect their commons ID in Field #4 of the SF-424. Either the PI or the PD can be designated as “Contact” in eRA to take actions and receive notifications but not both.

3. If the PD position is being filled by a contractor/consultant, you must provide a copy of the formal written agreement for that specifies the official relationship and addresses performance of all the required duties and responsibilities.
• Ensure that you submit your organization’s current negotiated Indirect Cost (IDC) rate agreement or cost allocation plan with HHS or any other federal agency which required to support the charge of indirect costs.

• If your organization is opting to use 10% of Modified Total Direct Costs (MTDC), then a clear statement must be made in your IDC narrative as follows: “XYZ Organization elects to use the de minimis rate of 10 percent of modified total direct costs (MTDC)”.

• Ensure that you accurately calculate the MTDC base to which your IDC rate is applicable.

• Include calculations to show how you arrived at your IDC base and IDC total.
Refer to the program specific Funding Restrictions/Limitations in section IV and the Standard Funding Restrictions in Appendix I of NOFO, as well as to 45 CFR Part 75, for applicable administrative requirements and cost principles.

The funding restrictions for this project are as follows:
- No more than 25 percent of the total grant award for the budget period in each of Year 1 and Year 2, and no more than 20 percent of the total grant award for budget period in each of Year 3 and Year 4, may be used for developing the required infrastructure.
- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- Grant funds may not be used to provide services for in-patient settings, residential/inpatient substance abuse treatment facilities, or jails and prisons with the exception of in-reach, treatment planning, and transitional service to facilitate seamless coordination with community-based mental health and SUD services.
- Services also provided at temporary crisis stabilization settings are allowable.
- No more than $30,000 per year may be used for the purchase of prescription or over-the-counter medications.

Your proposed budget must adhere to the funding limitations/restrictions specified in Section IV-5 of your NOFO. Include a narrative and separate budget for each year of the grant that shows the dollar amount and the percent of the total grant award that will be used in the area where there is a limitation. Refer to the sample in Appendix L (SAMHSA Budget Template -> Sample Budget – NON-MATCH) of your NOFO for an example of how this should be presented.

Recipients should maintain adequate documentation of which expenses correspond to the funding limitations/restrictions and the percent of the total grant award that will be used in each area where there is a limitation.
GOT QUESTIONS?

Program/eligibility questions?
Center for Mental Health Services, Community Support Program Branch, SAMHSA
Mary Blake
(240) 276-1747
CCBHC@samhsa.hhs.gov

Fiscal/budget related questions?
Office of Financial Resources, Division of Grants Management, SAMHSA
(240) 276-1400
Email: FOACMHS@samhsa.hhs.gov

Review process/application status questions?
Office of Financial Resources, Division of Grant Review, SAMHSA
Gabriela Porter
(240) 276-1675
Email: Gabriela.porter@samhsa.hhs.gov

Problems submitting your application on Grants.gov?
Contact the Grants.gov Helpdesk:
Email: support@grants.gov
Phone: 1-800-518-4726 (1-800-518-GRANTS)

eRA Commons Technical Questions?
Contact the eRA Service Desk
Web Support
Submit a Web Ticket (preferred method of contact)
Toll-Free: 1-866-504-9552
Phone: 301-402-7469 (Press 6 for SAMHSA Grantees)
Hours: Mon-Fri, 7 a.m. to 8 p.m. EST (closed on federal holidays)