PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA’s “Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements”. PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

Key Dates:

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Application details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intergovernmental Review (E.O. 12372)</strong></td>
<td>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</td>
</tr>
<tr>
<td><strong>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</strong></td>
<td>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</td>
</tr>
</tbody>
</table>

Applications are due by June 6, 2016.
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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), announces the availability of one-year supplemental funding to enable grantees from the Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS Minority Women (TCE-HIV: Minority Women) cohort funded in FY 2014 to expand/enhance grant activities required under the Request for Application (RFA), TI-13-011. The Violence Intervention to Enhance Lives (VITEL) supplemental grants will allow awardees to enhance existing substance use disorder (SUD) treatment services by implementing intimate partner violence (IPV) screening. Information on the TCE-HIV: Minority Women program may be found in the original RFA available on the SAMHSA website at http://www.samhsa.gov/grants/archive. This program is being funded by the Secretary’s Minority AIDS Initiative Fund (SMAIF).

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Violence Intervention to Enhance Lives (VITEL)</th>
</tr>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>TI-16-010</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>June 6, 2016</td>
</tr>
<tr>
<td>Anticipated Total Available Funding:</td>
<td>$350,000</td>
</tr>
<tr>
<td>Estimated Number of Awards:</td>
<td>Up to 5 awards</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $70,000</td>
</tr>
<tr>
<td>Cost Sharing/Match Required</td>
<td>No</td>
</tr>
<tr>
<td>Length of Project Period:</td>
<td>One year</td>
</tr>
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</table>
Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), announces the availability of one-year supplemental funding to enable grantees from the Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS Minority Women (TCE-HIV: Minority Women) cohort funded in FY 2014 to expand/enhance grant activities required under the Request for Application (RFA), TI-13-011. The Violence Intervention to Enhance Lives (VITEL) supplemental grants will allow awardees to enhance existing substance use disorder (SUD) treatment services by implementing intimate partner violence (IPV) screening. Information on the TCE-HIV: Minority Women program may be found in the original RFA available on the SAMHSA website at http://www.samhsa.gov/grants/archive. This program is being funded by the Secretary’s Minority AIDS Initiative Fund (SMAIF).

The purpose of the TCE-HIV: Minority Women program is to expand SUD treatment and HIV services for African American, Hispanic/Latina and other racial/ethnic minority women (ages 18 years and older), including heterosexual, lesbian, and bisexual persons, women who were previously incarcerated, and their significant others, who have substance use disorders and/or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS (hereafter known as “the population of focus”). The VITEL grants will allow five existing grantees the opportunity to enhance their current SUD treatment services by implementing IPV screening. The goals of the VITEL program are to: 1) reduce IPV through screening and referrals; 2) reduce risky behaviors that lead to new HIV infections and substance use disorders; 3) increase access to care and improve health outcomes for people living with HIV and AIDS; 4) reduce HIV-related health disparities resultant from IPV screening tool implementation; and 5) determine the feasibility of integrating IPV screening in behavioral health settings.

At a minimum the funds awarded will be used to conduct the following activities:

- Incorporate IPV screening via the Hurt, Insult, Threaten with harm, and Scream at them (HITS) tool into existing screening protocols, which includes those for substance use and mental disorders, trauma, HIV testing, and Hepatitis B/C testing;
- Train grantee staff on SAMHSA’s Trauma-Informed Approach (TIA http://newsletter.samhsa.gov/2015/03/samhsas-concept-trauma-guidance-trauma-informed-approach/), domestic violence, and IPV to promote effective screening and education of women;
- Track and monitor adherence to the National CLAS Standards (culturally and linguistically appropriate) when executing IPV screenings;
• Promote familiarization of local IPV support services among grantee personnel;
• Incorporate safety planning into client visits, inclusive of follow-up monitoring to include referrals; and
• Monitor and evaluate IPV screening, implementation, and outcomes.

If trauma-informed and related supportive services (e.g., advocacy groups, safe houses, domestic shelters, legal, and social services) will not be provided in-house, grantees must demonstrate partnerships and linkages with appropriate providers. Memoranda of Agreement (MOA) demonstrating these partnerships/linkages must be included in Attachment 4 of your application.

Project implementation and service delivery should begin no later than one month after grant award.

Grantees will be expected to continue their current Government Performance and Results (GPRA) Modernization Act of 2010 compliant activities. In addition to collecting this performance data, grantees will be required to provide the following VITEL program performance data:

• number of clients screened for IPV;
• disposition of all clients referred to trauma-informed services including number referred, the number currently receiving services, and the number who have withdrawn from services;
• the number and types of trauma-informed care trainings; and
• client satisfaction.

In lieu of conducting individual performance assessments of their projects, applicants should be aware that SAMHSA will be conducting an evaluation of the VITEL grant program that allows grantees and SAMHSA to assess the progress of individual projects as well as measure the effectiveness of the grant program overall. The evaluation will be designed to comply with the Office of Management and Budget’s expectations regarding independence, scope, and quality.

It is possible the evaluation design may necessitate changes in the required data elements and/or timing of data collection or reporting. Grantees will be required to comply with any changes in data collection requirements. SAMHSA will work in collaboration with grantees to develop any new data collection requirements.

Training and technical assistance on the evaluation will be provided by CSAT at no cost to the grantee.

Per the original RFA, TI-13-011, grantees were required to submit a health disparities impact statement. Under this funding announcement, applicants are required to submit an updated health disparities impact statement that includes the activities noted in this announcement.
VITEL grants are authorized under Section 301 (SMAIF funds) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

NOTE: In addition to the above, grantees must comply with all of the requirements/expectations of the original grant for this program, including GPRA data collection.

II. AWARD INFORMATION

Funding Mechanism: Grant
Anticipated Total Available Funding: $350,000

Estimated Number of Awards: Up to 5 awards
Estimated Award Amount: Up to $70,000
Length of Project Period: One year

Proposed budgets cannot exceed the allowable amount of $70,000 in total costs (direct and indirect).

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility for this funding opportunity is limited to current SAMHSA FY 2014 TCE-HIV: Minority Women grantees because these grants specifically focus on minority women who are disproportionately affected by IPV. These grantees have the established infrastructure, partnerships, and necessary knowledge and skills to rapidly implement the VITEL program without a lengthy start-up period or break in service.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:
1. **ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix II of this document. **It is highly recommended that you use the sample budget format in Appendix II.** This will expedite review of your application.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are page limits for Section E, Biographical Sketches/Job Descriptions; but there are no page limits for Section F, Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. **(See PART II: Appendix B – Guidance for Electronic Submission of Applications.)**

- **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 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.

  - **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**: Sample Consent Forms
o **Attachment 3**: Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

o **Attachment 4**: If applicable, include MOAs demonstrating linkages with appropriate providers of supportive services that will not be provided in-house (i.e., advocacy groups, safe houses, domestic shelters, legal and social services).

2. **APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **June 6, 2016**.

3. **FUNDING LIMITATIONS/RESTRICTIONS**

You must comply with the same funding restrictions that applied to the original grant.

V. **APPLICATION REVIEW INFORMATION**

1. **EVALUATION CRITERIA**

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-D). Independent reviewers will review and score your application and report to SAMHSA on the quality of your response to the requirements listed below, on issues that may impede the effective implementation of your project, and on participant protection issues that may need to be addressed. Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-D of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-D of your application may not exceed 25 pages.

   - You must use the four sections/ headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or your application will be screened out**, i.e., type “A-1”, “A-2”, etc., before your response to each question. You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

   - Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section IV and Appendix E).
The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

**Section A: Progress to Date (20 points)**

1. Describe your organization’s experience with the existing grant program. Report on accomplishments to date. Discuss any obstacles/problems that have been encountered and actions taken towards their resolution.

**Section B: Proposed Approach for Program Expansion/Enhancement (35 points)**

1. Describe your plans to expand or enhance your existing program to incorporate use of the HITS screening tool, subsequent linkages and referrals to trauma-informed services, and how your planned activities will meet the expected goals and objectives of the supplemental program. Clearly describe all activities that will be supported with the supplemental grant funds.

2. Discuss how the supplemental activities will be integrated into the ongoing project.

3. Describe roles and responsibilities of collaborating organizations, where applicable. If trauma-informed and related supportive services (e.g., advocacy groups, safe houses, domestic shelters, legal, and social services) are not provided in-house, you must submit in Attachment 4 MOAs demonstrating that you have partnerships and linkages with appropriate providers for such services. If you are not collaborating with any other organizations, indicate so in your response.

4. Describe how you will identify, recruit, and retain the population(s) of focus. Provide the projected number of persons to be served, along with a clinical and demographic description of the projected number of persons to be served.

5. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to [http://ThinkCulturalHealth.hhs.gov](http://ThinkCulturalHealth.hhs.gov)). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

**Section C: Implementation Plan and Staffing (30 points)**

1. Describe your plan for implementing and managing the supplemental activities. Include a realistic timeline for the project showing key activities, milestones, and
responsible staff. These key activities should include the requirements outlined in Section I. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations. If you or your partners will not make any cash or in-kind contributions to the project, indicate so in your response. Be sure to show that project implementation and service delivery begins as soon as possible, but no later than one month after grant award.

2. Describe how the IPV screening will be conducted, by whom, and who will interpret the results and work with the client to determine the appropriate intervention. In addition, describe a Referral/Transition Plan that outlines how you will provide referrals and linkages to appropriate follow-up trauma-informed services for all individuals who screen positive for IPV. The plan must include the following:

   o How patient information will be collected;
   
   o What strategies will be used for assessing and recording accomplishments of milestones (i.e., appointment scheduling, follow-up reminders);
   
   o What types of referral and linkage reporting and analyses will be conducted;
   
   o Feedback loop for all provider input that will be included in a sustained integrated care plan;
   
   o Referral tracking and follow-up process;
   
   o Staffing (e.g., health navigator, care coordinator, referral coordinator); and
   
   o Patient referral checklist that provides information to prepare patients for upcoming appointments, and prompting to encourage active participation in the referral process.

Section D: Data Collection and Performance Measurement (15 points)

1. Provide an updated performance measurement plan that incorporates the new activities to be funded with supplemental funds. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the supplemental program are being met. The performance measurement plan should include both process and outcome requirements. Include copies of instruments and/or protocols you will use in Attachment 1 of your application (if you are not providing a web link) and copies of consent forms in Attachment 2.

2. Describe how you will incorporate individuals served as a result of the supplemental activities into your ongoing Government Performance and Results
(GPRA) Modernization Act of 2010 activities. Remember to include data
collection and performance measurement costs in your requested budget.

3. Describe your data collection and reporting plan for the following:
   - number of clients screened for IPV;
   - disposition of all clients referred to trauma-informed services, including
     number referred, the number currently receiving services, and the number
     who have withdrawn from services;
   - the number and types of trauma-informed care trainings; and
   - client satisfaction.

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 II - Sample
Budget and Justification, of this document. It is highly recommended that you use
the Sample Budget format in Appendix II. This will expedite review of your
application. Please adapt the sample budget for your one-year program.

Be sure that your proposed budget reflects the funding limitations/restrictions specified
in Section IV-3. Specifically identify the items associated with these costs in your
budget.

The budget justification and narrative must be submitted as file BNF when you
submit your application into Grants.gov. (See PART II: Appendix B – Guidance
for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for
instructions on completing this section.
Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects
You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See Appendix I of this document for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements of your original grant, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. You must continue to submit reports as required in your original grant.

VII. AGENCY CONTACTS

For questions about program issues contact:

Alton King, MBA
Center for Substance Abuse Treatment, Division of Services Improvement, Substance Abuse and Mental Health Service Administration
5600 Fishers Lane
Rockville, MD 20857
(240) 276-1618
alton.king@samhsa.hhs.gov
For questions on grants management and budget issues contact:

Eileen Bermudez  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, Maryland 20857  
(240) 276-1412  
FOACSAT@samhsa.hhs.gov
Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

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

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

2. Fair Selection of Participants
   - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
   - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
• Explain the reasons for including or excluding participants.

• Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

• Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

• If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

• State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

• Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

• Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

• Provide in Attachment 1, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).
5. **Privacy and Confidentiality**

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. **Adequate Consent Procedures**

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent
forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 2, “Sample Consent Forms”, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. **Risk/Benefit Discussion**

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

**Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” [http://www.samhsa.gov/grants/applying](http://www.samhsa.gov/grants/applying).

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.
General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA—specific questions should be directed to the program contact listed in Section VII of this announcement.
Appendix II – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD. PLEASE ADAPT THIS BUDGET FOR YOUR ONE-YEAR PROGRAM.

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Annual Salary/Rate</th>
<th>Level of Effort</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>(1) Project Director</td>
<td>John Doe</td>
<td>$64,890</td>
<td>10%</td>
<td>$6,489</td>
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<tr>
<td>(2) Grant Coordinator</td>
<td>To be selected</td>
<td>$46,276</td>
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<tr>
<td>(3) Clinical Director</td>
<td>Jane Doe</td>
<td>In-kind cost</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
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<td>$52,765</td>
</tr>
</tbody>
</table>

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

1. The Project Director will provide daily oversight of the grant and will be considered key staff.

2. The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

3. The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form S-424A) $52,765
B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

<table>
<thead>
<tr>
<th>Component</th>
<th>Rate</th>
<th>Wage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>7.65%</td>
<td>$52,765</td>
<td>$4,037</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>2.5%</td>
<td>$52,765</td>
<td>$1,319</td>
</tr>
<tr>
<td>Insurance</td>
<td>10.5%</td>
<td>$52,765</td>
<td>$5,540</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$10,896</strong></td>
</tr>
</tbody>
</table>

JUSTIFICATION: Fringe reflects current rate for agency.

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

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

FEDERAL REQUEST

<table>
<thead>
<tr>
<th>Purpose of Travel</th>
<th>Location</th>
<th>Item</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Grantee Conference</td>
<td>Washington, DC</td>
<td>Airfare</td>
<td>$200/flight x 2 persons</td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hotel</td>
<td>$180/night x 2 persons x 2 nights</td>
<td>$720</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Diem (meals and incidentals)</td>
<td>$46/day x 2 persons x 2 days</td>
<td>$184</td>
</tr>
<tr>
<td>(2) Local travel</td>
<td></td>
<td>Mileage</td>
<td>3,000 miles@.38/mile</td>
<td>$1,140</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$2,444</strong></td>
</tr>
</tbody>
</table>
JUSTIFICATION: Describe the purpose of travel and how costs were determined.

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

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

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

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

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

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

FEDERAL REQUEST

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

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

(1) Office supplies, copies and postage are needed for general operation of the project.
(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

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

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

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

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

**FEDERAL REQUEST**

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
<th>Rate</th>
<th>Other</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) State Department of Human Services</td>
<td>Training</td>
<td>$250/individual x 3 staff</td>
<td>5 days</td>
<td>$750</td>
</tr>
<tr>
<td>(2) Treatment Services</td>
<td>1040 Clients</td>
<td>$27/client per year</td>
<td></td>
<td>$28,080</td>
</tr>
<tr>
<td>Name</td>
<td>Service</td>
<td>Rate</td>
<td>Other</td>
<td>Cost</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------</td>
<td>-------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| (3) John Smith (Case Manager) | Treatment Client Services | 1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750 | *Travel at 3,124 @ .50 per mile = $1,562  
*Training course $175  
*Supplies @ $47.54 x 12 months or $570  
*Telephone @ $60 x 12 months = $720  
*Indirect costs = $9,390 (negotiated with contractor) | $46,167 |
| (4) Jane Smith                | Evaluator             | $40 per hour x 225 hours | 12 month period                                                      | $9,000 |
| (5) To Be Announced           | Marketing Coordinator  | Annual salary of $30,000 x 10% level of effort |                                                                      | $3,000 |
|                               |                       |                         | **TOTAL**                                                            | **$86,997** |

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

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

(3) Case manager is vital to client services related to the program and outcomes.

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

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

*Represents separate/distinct requested funds by cost category

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

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

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

FEDERAL REQUEST

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

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

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.
*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.

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

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

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

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

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: [https://rates.psc.gov/fms/dca/map1.html](https://rates.psc.gov/fms/dca/map1.html). Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF-424A)

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

==================================================================

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF-424A) $172,713

**INDIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF-424A) $5,093

**TOTAL:** (sum of 6i and 6j)
FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
$177,806
====================================================================================================

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

Proposed Project Period

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

BUDGET SUMMARY (should include future years and projected total)

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

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

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

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

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

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

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

**IN THIS SECTION**, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

<table>
<thead>
<tr>
<th>Infrastructure Development</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total Infrastructure Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$2,250</td>
<td>$2,250</td>
<td>$2,250</td>
<td>$2,250</td>
<td>$2,250</td>
<td>$11,250</td>
</tr>
<tr>
<td>Fringe</td>
<td>$558</td>
<td>$558</td>
<td>$558</td>
<td>$558</td>
<td>$558</td>
<td>$2,790</td>
</tr>
<tr>
<td>Travel</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
<td>$15,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$15,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>$1,575</td>
<td>$1,575</td>
<td>$1,575</td>
<td>$1,575</td>
<td>$1,575</td>
<td>$7,875</td>
</tr>
<tr>
<td>Contractual</td>
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<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Other</td>
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<td>$11,758</td>
<td>$11,758</td>
<td>$11,758</td>
<td>$53,072</td>
</tr>
</tbody>
</table>
## Infrastructure Development

<table>
<thead>
<tr>
<th>Year</th>
<th>Indirect Charges</th>
<th>Total Infrastructure Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>$6750</td>
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<tr>
<td>2</td>
<td>$750</td>
<td>$12,508</td>
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<td>3</td>
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<tr>
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<td>$750</td>
<td>$12,508</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$56,782</td>
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</tbody>
</table>

## Data Collection & Performance Measurement

<table>
<thead>
<tr>
<th>Year</th>
<th>Personnel</th>
<th>Fringe</th>
<th>Travel</th>
<th>Equipment</th>
<th>Supplies</th>
<th>Contractual</th>
<th>Other</th>
<th>Total Direct Charges</th>
<th>Indirect Charges</th>
<th>Total Data Collection &amp; Performance Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$6,700</td>
<td>$2,400</td>
<td>$100</td>
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<td>$698</td>
<td>$34,900</td>
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<tr>
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<td>$100</td>
<td>0</td>
<td>$750</td>
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</tr>
<tr>
<td>3</td>
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