

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**SAMHSA GRANTS FOR SINGLE SOURCE PROJECTS  
National Outcome Measures (NOMs) Collaborative Support  
Initiative Grant**

**(Initial Announcement)**

**Request for Application (RFA) No. TI-08-002**

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

**Key Dates:**

<b>Application Deadline</b>	<b>February 13, 2008</b>
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## **Executive Summary:**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is announcing the availability of FY 2008 funds for a single source award to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) for the National Outcome Measures (NOMs) Collaborative Support Initiative Grant. The purpose of this program is to facilitate collaborative activities between SAMHSA and the States to assist SAMHSA in its development and implementation of the NOMs.

<b>Funding Opportunity Title:</b>	NOMs Collaborative Support Initiative Grant
<b>Funding Opportunity Number:</b>	TI-08-002
<b>Due Date for Applications:</b>	February 13, 2008
<b>Anticipated Total Available Funding:</b>	\$600,000
<b>Estimated Number of Awards:</b>	1
<b>Estimated Award Amount:</b>	\$600,000
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicant:</b>	NASADAD

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is announcing the availability of FY 2008 funds for a single source award to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) for the National Outcome Measures (NOMs) Collaborative Support Initiative Grant. The purpose of this program is to facilitate collaborative activities between SAMHSA and the States to assist SAMHSA in its development and implementation of the NOMs.

NASADAD's membership is composed of the State substance abuse authorities (SSAs). SSAs are the recipients of SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Grant activities will focus on areas of mutual interest and will help support the States' ability to respond to changes brought about by the transition of management of the SAPT Block Grant to a performance and outcomes focus based upon the NOMs and other information. These collaborative activities will assist SAMHSA in its development, implementation and management of the SAPT Block Grant Program, and will assist States in the development and implementation of their transition plans and to respond to the changes brought about by the transition.

The NOMs Collaborative Support Initiative Grant is one of SAMHSA's grant programs intended to support SAMHSA's service grants and the SAPT Block Grant Program. SAMHSA's services grants and its SAPT Block Grant Program are designed to address gaps in substance abuse and mental health prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, substance abuse problems. Activities under this grant should begin by the 2nd month of the project at the latest.

The National Outcome Measures (NOMs) Collaborative Support Initiative Grant is authorized under the authority of Section 1935 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

## **2. EXPECTATIONS**

At a minimum NASADAD will use funds awarded to conduct the following activities:

- Convene quarterly meetings of the NASADAD Performance Data Workgroup (PDWG). Reports from these meetings will be used to inform SAMHSA data planning activities, to augment SAMHSA/CSAT SAPT Block Grant Program development, and to develop specific information relevant to other SAMHSA and CSAT program issues affecting the States. Specifically these efforts will be focused on assuring States' reporting of the NOMs. These reports will be provided to the SAMHSA Project Officer (PO) and other SAMHSA personnel as appropriate.

- NASADAD will undertake activities through its PDWG sub-committee structure to provide specific recommendations to improve the reporting and presentation of Block Grant measure data and to refine and enhance the SAPT Block Grant reporting system. These reports will be provided to the SAMHSA PO who will share this information through existing communication channels within SAMHSA including but not limited to the State Outcomes Monitoring and Management System Workgroup, CSAT management and the CSAT Performance Measurement Workgroup.

NASADAD will include Pacific Jurisdiction and Virgin Islands representation in the Performance Data Workgroup. Pacific Jurisdiction representation will be solicited from the Pacific Substance Abuse and Mental Health Collaborating Council.

- Participate in the design and enhancement of the Uniform Grant Application that States will use to apply for SAPT Block Grant funds. NASADAD will also assist in examining the Web-based application system.
- Provide to SAMHSA and other relevant stakeholders the NASADAD perspective on the necessary format and content of Behavioral Health Electronic Health Records including Health Insurance Portability and Accountability Act (HIPAA) standards activities. These activities may involve participation in appropriate Data Standards Maintenance Organizations, consultation with appropriate SAMHSA staff and consultation to and with States.
- Convene, quarterly or more often as required, a teleconference with State Methadone Authorities and other officials from Single State Agencies to focus on activities related to oversight of opiate addiction treatment. Convene, on an as needed basis, focused activities on human immuno-deficiency syndrome early intervention services mandated under the SAPT Block Grant. These activities are intended to provide NASADAD, SAMHSA and CSAT timely and accurate assessments of State issues and concerns. Reports will be produced, as needed, to summarize issues, concerns and possible solutions posited by States involved or affected by such subject matter influences.
- Convene, assume travel and other costs, and coordinate on a yearly basis, an in-person meeting of the State Women's Service Network (WSN). Host conference calls for WSN leadership and subcommittee workgroups and provide other staff support to the subcommittees as needed. In addition, host a Listserv for the WSN. The WSN will assist in communicating and disseminating information on effective strategies for meeting the substance abuse treatment needs of women, and will be included in discussions of measures for assessing State performance in addressing women's treatment needs. The grantee will provide quarterly reports on these activities to the SAMHSA PO and other SAMHSA personnel as appropriate.
- Facilitate ongoing discussions of the State National Treatment Network (NTN) and convene, assume travel and other costs, and coordinate on a yearly basis, an in-person meeting of the NTN. Conduct conference calls for NTN leadership and subcommittee workgroups and provide other staff support to the subcommittees in support of the annual

meeting and ongoing NTN activities. The NTN will assist in communicating and disseminating information on recovery support services and recovery-oriented systems of care, and will be included in discussions of measures for assessing the effectiveness of recovery support activities and State performance in implementing recovery-oriented systems of care. As resources allow, in collaboration with SAMHSA, the NASADAD NTN should support State and regional implementation efforts. Provide quarterly reports on these activities to the SAMHSA PO and other SAMHSA personnel, as appropriate.

- Work with SSAs to identify performance management training needs and development of potential technical assistance resources within the States. Technical assistance resource development may include identification of specific State-based or independent consultants with relevant subject matter expertise, provision and facilitation of State-to-State peer training, coaching on State performance management assessments, and continued implementation of State leadership mentors program.

Via appropriate technology, NASADAD will share with the Pacific Jurisdictions and the Virgin Islands, information on what States are doing to develop/improve their data infrastructure and reporting systems.

- Collaborate with the Pacific Jurisdictions and the Virgin Islands to provide expert consultation and identification of technical resources, consultants and existing products to facilitate the implementation of the technical assistance plan to be developed under a separate contract to increase both the Pacific Jurisdictions' and Virgin Islands' data infrastructure and ability to collect and report on the NOMs.

NASADAD will also solicit the Pacific Jurisdictions' and the Virgin Islands' perspective on other tasks included in the RFA.

In addition, NASADAD may propose to conduct other activities with grant funds in its application.

### **3. PERFORMANCE ASSESSMENT**

The grantee must assess its performance. 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. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted annually.

The performance assessment must consider process questions, such as the following:

#### *Process Questions:*

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?

- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

## **II. AWARD INFORMATION**

### **1. AWARD AMOUNT**

A total of \$600,000 may be awarded each year for up to 3 years for this project. This amount includes direct and indirect costs. Your proposed budget cannot exceed the allowable amount in any year of the proposed project. Annual continuation awards will depend on the availability of funds, your progress in meeting project goals and objectives, and timely submission of required data and reports.

**This program is being announced prior to the appropriation for FY 2008 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2008. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2008 to permit funding of your application. You are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.**

### **2. FUNDING MECHANISM**

The award will be made as a grant. Under this single source grant, the roles and responsibilities of the grantee and SAMHSA staff are:

#### Role of Grantee:

NASADAD will provide a monthly progress report on specific goals and participate in periodic teleconferences or face to face meetings, monthly (at a minimum), to keep SAMHSA staff abreast of ongoing grant activities.

#### Role of SAMHSA Staff:

SAMHSA staff will serve as the Government Project Officer for this program and will serve to co-facilitate specific task-related activities. SAMHSA expects that communication between the grantee and SAMHSA will be continuous and comprehensive. SAMHSA will provide specific CSAT and SAMHSA personnel to participate on and assist with various topic area activities and to provide subject matter expertise where appropriate.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANT**

Only an application from the organization named in the cover letter, NASADAD, will be considered for funding under this announcement. NASADAD is in the unique position to facilitate these activities because:

- ❑ NASADAD is the sole and unique organization with a direct official relationship with the SSAs. SSAs, which form the membership of NASADAD, are the only entities that may directly apply for and administer SAMHSA's SAPT Block Grant funds.
- ❑ The activities required under this grant program will require NASADAD and its members (SSAs) to provide the necessary State perspective regarding needs and potential changes to the State substance abuse treatment system practices and to their information system's infrastructure.
- ❑ NASADAD is the sole organization that has been utilizing, in support of CSAT, a Web-based process to facilitate SSA dialogue on NOMs.
- ❑ NASADAD's constituency and staff are a repository of knowledge on State issues related to substance abuse treatment indicators and are accountable for performance in the SAPT Block Grant. This knowledge is critical to the grant project.
- ❑ NASADAD has a Data Subcommittee that is essential to the required grant activities. In addition, NASADAD is uniquely qualified to conduct the required activities because of its relationship with the SSAs and its history of collaboration with the Federal government and other organizations that represent issues of importance to State government.

#### **2. COST-SHARING**

Cost-sharing is not required in this program.

#### **3. OTHER**

##### **Additional Eligibility Requirements**

You must use the PHS 5161-1 application and comply with certain program requirements, such as provisions relating to participant protection and the protection of human subjects specified in Section V of this document.

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

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

Required application forms and guidelines are included in this mailing. You may download additional copies of the application forms from the SAMHSA Web site at [www.samhsa.gov/grants](http://www.samhsa.gov/grants).

Additional materials available on this web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

### **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

#### **2.1 Application Kit**

The SAMHSA application kit includes the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist.
- Cover Letter – Invites submission of your application and includes instructions specific to your grant application.
- Request for Application (RFA) – Includes instructions for the grant application. This document is the RFA.

You must use all of the above documents in completing your application.

#### **2.2 Required Application Components**

The application should be complete and contain all information needed for review. In order for your application to be complete, it must include the following 10 sections.

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.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.]

- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population 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 project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A through E together may not exceed 25 pages. More detailed instructions for completing each section of the Project Narrative are provided in Section V of this document under “Evaluation Criteria.”

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 F through H. There are no page limits for these sections, except for Section F, the Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.”

- ❑ **Appendices 1 and 2** – In your application, include the appendices listed below. Please label the appendices as: Appendix 1, Appendix 2, etc.
  - *Appendix 1: Data Collection Instruments/Interview Protocols*
  - *Appendix 2: Sample Consent Forms*
- ❑ **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- ❑ **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. 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 the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their

support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- ❑ **Checklist** – Use the Checklist found in the PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page. Appendix E includes instructions for completing the checklist.

### **2.3 Application Formatting Guidelines**

To facilitate review of your application, you are encouraged to follow these guidelines:

- Text must be legible and applications should be prepared using black ink. This improves the quality of the copies of applications that are provided to reviewers.
- Use white paper only (8.5” by 11.0” in size). Do not use colored, heavy, or light-weight paper or any material that cannot be photocopied using automatic photocopying machines. Odd-sized and oversized attachments, such as posters, will not be reviewed. Do not send videotapes, audiotapes, or CD-ROMs.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. For example, the abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices 1 and 2 should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue in the sequence.

### **3. SUBMISSION DATES AND TIMES**

Your application is due by close of business on **February 13, 2008**. A hard copy application is due by 5:00 PM (EST). An electronic application is due by 12:00 midnight (EST). **A hand carried application will not be accepted. Your application may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

**Failure to meet the timely submission requirements above may affect the ability of your application to be reviewed.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, it may affect the ability of your application to be reviewed.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through [www.Grants.gov](http://www.Grants.gov). Please refer to Appendix B for “Guidance for Electronic Submission of Applications.”

#### **4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS**

The Intergovernmental Review (E.O. 12372) requirement does not apply to this program.

#### **5. FUNDING RESTRICTIONS**

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at [www.samhsa.gov/grants/management.aspx](http://www.samhsa.gov/grants/management.aspx):

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

In addition, you must comply with the following funding restrictions:

Funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- 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.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- 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 induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical

support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.

- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

## **6. OTHER SUBMISSION REQUIREMENTS**

You may submit your application in either electronic or paper format:

### **Submission of Electronic Applications**

SAMHSA accepts electronic submission of applications through [www.Grants.gov](http://www.Grants.gov). Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the [www.Grants.gov](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

**Please refer to Appendix B for detailed instructions on submitting your application electronically.**

## **Submission of Paper Applications**

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

### **For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**NOMs Collaborative Support Initiative Grant – TI-08-002**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

**Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

**SAMHSA will not accept or consider any applications sent by facsimile.**

## **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-E). **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.** 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 may delay or prevent grant award or lead to special terms and conditions being placed on your award. In Sections A-E of the Project Narrative, you must clearly describe how you intend to use grant funds. Sections A-E of your application may not exceed 25 pages.

### **Section A: Experience and Accomplishments (20 points)**

Describe NASADAD's understanding of the issues affecting States' implementation and utilization of NOMs measures and the related technical assistance and informational needs of the SSA's. Describe NASADAD's understanding of the utilization of NOMs in a State and Federal partnership to manage the performance of the SAPT Block Grant Program. Describe NASADAD's potential role(s) in the implementation of the SAMHSA Data Strategy.

Describe your organization's experience related to the purpose and required activities listed in the Expectations section of this RFA. Report on any accomplishments related to the purpose and requirements of this program. Discuss any obstacles/problems that you have encountered and the action(s) taken towards their resolution.

### **Section B: Proposed Approach for Project Activities, Expansion/Enhancement (30 points)**

Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results.

Describe your plans to expand or enhance any existing activities related to this initiative and how your planned activities will meet the purpose and required activities of this single source initiative. Clearly describe all activities that will be supported with grant funds. Discuss how any new or expanded/enhanced activities will be integrated into any ongoing projects.

Describe the roles and responsibilities of collaborating organizations, where applicable. Demonstrate how the proposed approach appropriately addresses factors such as race/ethnicity, culture, language, age, literacy, disability and gender of the target population served by NASADAD and its constituents, the SSAs.

Demonstrate how the proposed activities will meet your goals and objectives.

### **Section C: Implementation Plan (25 points)**

Describe how the proposed activities will be implemented and staffed. Present your plan for managing the grant project.

Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

Describe how project planning, implementation and assessment will include stakeholder input. Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and activities can begin as soon as possible and no later than 2 months after grant award.

Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

#### **Section D: Staff and Organizational Experience (15 points)**

Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and stakeholders.

Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel. Provide evidence of the adequacy of the proposed staff to implement the grant, specifically evidence of qualifications, availability, competence, and experience.

Discuss how key staff have demonstrated experience in providing such supportive activities.

Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that meetings will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why.

#### **Section E: Evaluation (10 points)**

Describe your plan for conducting the performance assessment as specified in Section I-3 of this RFA and document your ability to conduct the assessment. Provide an evaluation plan that incorporates the activities to be funded. Identify data that will be collected to provide regular feedback to the project to determine if the goals of the program are being met. The evaluation should include both process and outcome data if available.

**[Note: If there is other information about your proposed project that you deem important to the application, discuss it, while staying within the 25 page limit, in the appropriate section(s) above.]**

#### **BUDGET**

Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

## **SUPPORTING DOCUMENTATION**

The supporting documentation for your application includes Sections F through H. This documentation provides additional information necessary for the review of your application. The supporting documentation should be included immediately following Sections A through E of the Project Narrative of your application. There are no page limits for the supporting documentation, except for Section F, the Biographical Sketches/Job Descriptions. (There is no requirement to conduct a literature review or to cite literature in your application. However, if literature is cited, provide references, including titles and authors.)

**Section F:** Job Descriptions and Biographical Sketches: Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual. Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each. Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

**Section G:** Budget Justification: 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. Discuss plans to continue activities after the period of grant funding. Use SF 424A, which is attached to form PHS 5161-1. Fill out Sections B, C, and E. If you are requesting funding for one year, complete Section B only. An illustration of a detailed budget and narrative justification is included in Appendix D of this document.

**Section H:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe your procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application, using the guidelines provided below.

### **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 must address the seven bullets below. Appendix C of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 bullets, 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.

- ❑ Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- ❑ Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- ❑ State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix C: Confidentiality and Participant Protection.)
- ❑ Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 1** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- ❑ Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- ❑ Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 2** of your application, “Sample Consent Forms.” If needed, give English translations.
- ❑ Discuss why the risks are reasonable compared to expected benefits from the project.

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

SAMHSA expects that the grantee 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 of 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 Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 clients 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](mailto: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.

## **2. REVIEW AND SELECTION PROCESS**

SAMHSA applications are reviewed according to the evaluation criteria listed in Section V. For those programs where the individual award is over \$100,000, applications must also be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by the independent reviewers and, when applicable, approval by the appropriate National Advisory Council; and
- availability of funds.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

If you are approved for funding, you will receive a notice through postal mail, the Notice of Grant Award (NOGA), signed by SAMHSA’s Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows you to receive Federal funding for work on your grant project.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.

- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- 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; or
  - requirements to address problems identified in review of the application.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

#### **3.1 Progress and Financial Reports**

As a SAMHSA grantee, you will be required to submit routine progress and financial reports. The format and requirements for completing and submitting the reports will be provided to you by your Government Project Officer (GPO).

#### **3.2 Publications**

As a SAMHSA grantee, you are required to notify the 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 as a grantee you:

- 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.

## **VII. AGENCY CONTACTS**

For programmatic issues, contact:

Hal Krause  
Division of State and Community Assistance  
Center for Substance Abuse Treatment Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1063  
Rockville, Maryland 20857  
(240) 276-2897  
[hal.krause@samhsa.hhs.gov](mailto:hal.krause@samhsa.hhs.gov)

For grants management issues, contact:

Kathleen Sample  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1089  
Rockville, Maryland 20857  
(240) 276-1407  
[kathleen.sample@samhsa.hhs.gov](mailto:kathleen.sample@samhsa.hhs.gov)

## Appendix A – Instructions for Completing Standard Form 424

### INSTRUCTIONS FOR COMPLETING NEW APPLICATION FOR FEDERAL ASSISTANCE STANDARD FORM 424 (REV. 9/2003)

Standard Form (SF) 424, "Application for Federal Assistance," is also known as the "Face Page" of the PHS Grant Application Form 5161-1. The following instructions replace those found on the reverse side of the SF 424.

- Block 1.**      **Type of Submission:** Under "Application" check "Non-Construction". Under "Preapplication" leave both boxes blank.
- Block 2.**      **DATE SUBMITTED:** Insert the date the application is sent to the State or the Federal agency.
- **Applicant Identifier:** Insert the applicant's control number (if applicable).
- Block 3.**      (State Use Only.) **DATE RECEIVED BY STATE:** (if applicable).
- State Application Identifier:** Insert the applicant's control number (if applicable).
- Block 4.**      (Federal Use Only.) **DATE RECEIVED BY FEDERAL AGENCY:** Leave this block blank.
- Federal Identifier:** Leave this block blank.
- Block 5.**      **APPLICANT INFORMATION:**
- Legal Name:** Insert the legal name of the applicant organization.
- Organizational Unit:** Insert the name of the primary organizational unit which will undertake the proposed activity.
- Organizational DUNS:** Insert the DUNS number that you obtained from Dun and Bradstreet ([www.dunandbradstreet.com](http://www.dunandbradstreet.com) or 866-705-5711).
- **Address:** Insert the complete mailing address of the applicant organization.
- **Name and telephone number of the person to be contacted on matters involving this application (give area code):** Insert the name, area code and telephone and FAX numbers and an E-mail/Internet address (if available) for the project director/principal investigator. Project director/principal investigator is defined as an employee of the applicant organization who will direct the grant.
- NOTE: This individual must be the same person identified in the right-hand**

**block of Part C of the Checklist in the PHS Grant Application Form 5161-1. This is the individual responsible for directing the proposed program or project. (This is usually not the authorized representative as defined in Block 18.)**

- Block 6.**     **EMPLOYER IDENTIFICATION NUMBER (EIN):** Insert the 9-digit EIN as assigned by the Internal Revenue Service. Please provide the EIN prefix and suffix, if already assigned (can be inserted before and after the boxes).
- Block 7.**     **TYPE OF APPLICANT:** Insert the appropriate letter in the box provided.
- Block 8.**     **TYPE OF APPLICATION:** Check "New."
- Block 9.**     **NAME OF FEDERAL AGENCY:** Insert SAMHSA and the specific Center (either CMHS, CSAP or CSAT) from which support is being requested.
- Block 10**    **CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER:** It is not necessary to insert the CFDA number but it is necessary to insert the program announcement number and the short title of the program announcement.
- Block 11.**    **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Insert a brief descriptive title of the proposed project. Do not exceed 56 typewritten spaces, including spaces between words and all punctuation. A new application must have a different title from any other PHS project with the same project director/principal investigator.
- Block 12.**    **AREAS AFFECTED BY PROJECT:** Insert the name of the largest political jurisdictions affected (e.g., the name of the specific State, counties, cities).
- Block 13.**    **PROPOSED PROJECT:** Leave the Start and Ending Date blocks blank. These dates will be determined if the project is funded.
- Block 14.**    **CONGRESSIONAL DISTRICTS OF:**
- a.   **Applicant:** Insert the applicant organization's Congressional District.
- b.   **Project:** Insert any Congressional District(s) directly affected by the project.
- Block 15.**    **ESTIMATED FUNDING:**
- a.   **Federal:** Insert the total amount of direct and indirect funds being requested from SAMHSA under this program announcement for the **12-month period** of support. (This figure should be the same amount as that indicated on Form 424A, Section B, column (1) line 6.k.). Please note that the 12 month period is the only funding period for this project.

-- b.-e. **Applicant, State, Local, Other:** Insert the amount to be contributed and/or the value of in-kind contributions for the 12-month period of support by each contributor (i.e., Applicant, State, Local, Other), as appropriate. [These figures should be the same amounts as those indicated on Form 424A, Section C, line 12, columns (b), (c), and (d)].

--f. **Program Income:** Insert the amount of Program Income anticipated to be earned by the grantee for the 12-month period of support, if any. (This figure should be the same amount as that indicated on Form 424A, Section B, line 7, column (1).

Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant **or** income that would not have occurred except for the existence of the grant supported project. Examples of program income are: fees for services supported with grant funds such as laboratory drug testing, rental or usage fees for use of equipment purchased with grant funds, third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity (including Medicaid/Medicare), sale of commodities such as educational materials (including curricula) developed under the grant or equipment purchased with grant funds. Not included would be revenues raised by a government recipient under its governing powers, interest on grant funds, rebates, credits, discounts, or refunds, results of fund raising (given that no grant funds were used to accomplish the fund raising activity) and income earned by procurement contractors under a procurement contract awarded by the grantee.

-- g. **TOTAL:** Insert the total of lines 15a through 15f.

**Block 16. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?** The Federal Executive Order (E.O.) 12372 applies to this program. Therefore, applicants should read and adhere to instructions in Section IV of this program announcement.

**Block 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

**Block 18.**

--a., b. and c.: Insert the name, title, area code and telephone number of the authorized representative of the applicant organization in the spaces provided.

**Note: The authorized representative is the individual with the legal authority to obligate the applicant organization financially and otherwise.**

--d. and e.: The authorized representative is required to sign and date the application in the spaces provided.

## Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search [www.Grants.gov](http://www.Grants.gov) for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the [www.Grants.gov](http://www.Grants.gov) apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

**If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

**It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.).** If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for your application are provided in Section IV-2.1 of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed **12,875** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

**Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Appendices 1-3”, “Appendices 4-5.”**

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the 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.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Program Services  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**  
ATTN: Electronic Applications

**For other delivery services, change the zip code to 20850.**

If you require a phone number for delivery, you may use (240) 276-1199.

## Appendix C – Confidentiality and Participant Protection

### 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 target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by

consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- 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 **Appendix 1, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

#### 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 **Appendix 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**

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. 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 Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail ([ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov)) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

## Appendix D - Sample Budget and Justification

### ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

#### OBJECT CLASS CATEGORIES

##### Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	\$30,000	1.0	\$30,000	\$-0-	
Clinical Director	J. Doe			\$-0-	In-Kind	
Secretary	Unnamed	\$18,000	0.5	\$-0-	\$ 9,000	
Counselor	R. Down	\$25,000	1.0	\$25,000	\$-0-	
<b>SUBTOTAL</b>				<b>\$55,000</b>	<b>\$9,000</b>	

Enter Personnel subtotal on 424A, Section B, 6.a. **\$64,000**

Fringe Benefits (24%) \$15,360 \$-0-

**SUBTOTAL** **\$15,360** **\$-0-**

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. **\$15,360**

##### Travel

2 trips for SAMHSA Meetings for 2 Attendees  
(Airfare @ \$600 x 4 = \$2,400) + (per diem  
@ \$120 x 4 x 6 days = \$2,880) \$5,280 \$-0-  
Local Travel (500 miles x .24 per mile) \$-0- \$120

[Note: Current Federal Government per diem rates are available at [www.gsa.gov](http://www.gsa.gov).]

**SUBTOTAL** **\$5,280** **\$120**

Enter Travel subtotal on 424A, Section B, 6.c. **\$ 5,400**

##### Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

**SUBTOTAL** **\$-0-** **\$-0-**

Enter Equipment subtotal on 424A, Section B, 6.d. **\$-0-**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

**Supplies**

Office Supplies	\$500	\$-0-
Computer Software – Microsoft Word	\$-0-	500

**Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000**

**CONTRACTUAL COSTS**

**Evaluation**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
Evaluator	J. Wilson	\$48,000	.05	\$24,000	\$-0-	
Other Staff		\$18,000	1.0	\$18,000	\$-0-	

Fringe Benefits (25%) \$10,500 \$-0-

**Travel**

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200	\$-0-
Per Diem @ \$120 x 6	720	\$-0-
Supplies (General Office)	500	\$-0-

Evaluation Contractual Direct Costs \$54,920 \$-0-  
 Evaluation Contractual Indirect Costs (19%) \$10,435 \$-0-

Evaluation Contract Subtotal **\$65,355**

**SUBTOTAL \$65,355 \$-0- \$65,355**

**Training**

<b>Job Title</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
Coordinator	M. Smith	\$ 12,000	0.5	\$12,000	\$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	\$-0-	

Fringe Benefits (25%) 5,250 \$-0-

**Travel**

2 Trips for Training		
Airfare @ \$600 x 2	\$1,200	\$-0-
Per Diem \$120 x 2 x 2 days	480	\$-0-
Local (500 miles x .24/mile)	120	\$-0-

**Supplies**

Office Supplies	\$500	\$-0-
Software (Microsoft Word)	\$500	\$-0-

Training Contractual Direct Costs Subtotal \$40,025 \$-0- **\$40,025**  
 Training Contractual Indirect Costs Subtotal \$-0- \$-0- **\$-0-**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

<b>SUBTOTAL</b>	<b>\$105,380</b>	<b>\$-0-</b>	<b>\$105,380</b>
<b>Enter Contractual subtotal on 424A, Section B, 6.f.</b>			<b>\$105,380</b>
	<b>SAMHSA Funded</b>	<b>Non-Federal Sources</b>	<b>TOTAL</b>
<b><u>OTHER</u></b>			
Rent (500 Sq. Ft. x \$9.95)	\$ 4,975	\$-0-	
Telephone	\$ 500	\$-0-	
Maintenance (e.g., van)	\$-0-	\$ 2,500	
Audit	\$-0-	\$ 3,000	
Consultants = Expert @ \$250/day X 6 day (If expert is known, should list by name)	\$ 1,500	\$-0-	
<b>SUBTOTAL</b>	<b>\$6,957</b>	<b>\$5,500</b>	
<b>Enter Other subtotal on 424A, Section B, 6.h.</b>			<b>\$12,475</b>
<b><u>TOTAL DIRECT CHARGES</u> (sum of 6.a-6.h)</b>			
<b>Enter Total Direct on 424A, Section B, 6.i.</b>			<b>\$192,640</b>
<b><u>INDIRECT CHARGES</u></b>			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [\$64,000 X 15% = \$9,600]			
<b>Enter Indirect Costs subtotal of 424A, Section B, 6.j.</b>			<b>\$9,600</b>
<b>Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)</b>			<b>\$202,240</b>

**JUSTIFICATION**

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to: a) waive indirect costs if an award is issued; or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

**CALCULATION OF FUTURE BUDGET PERIODS**  
**(based on first 12-month budget period)**

**Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified. (NOTE: salary cap of \$186,600 is effective for all FY 2008 awards.)**

	<b>First 12-month Period</b>	<b>Second 12-month Period</b>	<b>Third 12-month Period</b>
<b>Personnel</b>			
Project Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
<b>TOTAL PERSONNEL</b>	<b>64,000</b>	<b>73,000</b>	<b>73,000</b>

\*Increased from 50% to 100% effort in 02 through 03 budget periods.

<b>Fringe Benefits (24%)</b>	15,360	17,520	17,520
<b>Travel</b>	5,400	5,400	5,400
<b>Equipment</b>	-0-	-0-	-0-
<b>Supplies**</b>	1,000	520	520

\*\*Increased amount in 01 year represents costs for software.

<b>Contractual</b>			
Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

\*\*\*Increased amounts in 02 and 03 years reflect the increase in client data collection.

<b>Other</b>	1,500	1,500	1,500
<b>Total Direct Costs</b>	<b>192,640</b>	<b>205,934</b>	<b>208,653</b>
Indirect Costs (15% S&W)	9,600	9,600	9,600
<b>TOTAL COSTS</b>	<b>202,240</b>	<b>216,884</b>	<b>219,603</b>

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

## Appendix E - Instructions for Completing the Checklist

A Checklist is provided in the PHS Grant Application Form 5161-1. The instructions within the Checklist are self-explanatory except for Part A and Part C:

### Part A:

4. Assurance of Compliance (Civil Rights, Handicapped Individuals, Sex Discrimination, Age Discrimination)

Before a grant or cooperative agreement award can be made, a domestic applicant organization must certify that it has filed with the DHHS Office for Civil Rights: an Assurance of Compliance (Form HHS 690) with Title VI of the Civil Rights Act of 1964 (P.L. 88-352, as amended), which prohibits discrimination on the basis of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, as amended), which prohibits discrimination on the basis of handicaps; Title IX of the Education Amendments of 1972 (P.L. 92-318, as amended) which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975 (P.L. 94-135), which prohibits discrimination on the basis of age. The Assurance of Compliance Form HHS 690 is included in the application kit. (Note: Assurance of Compliance Form HHS 690 is now used in lieu of individual assurances: Form HHS 441 - Civil Rights; Form HHS 641 - Handicapped Individuals; Form HHS 639-A - Sex Discrimination; and Form HHS 680 - Age Discrimination.) On the blank lines provided under Part A: 4., please indicate the date on which each of the assurances was filed by the applicant organization.

5. Human Subjects Certification, when applicable (45 CFR 46)

Depending on the project evaluation and data collection requirements that are being proposed under this announcement, the requirements of 45 CFR Part 46, Protection of Human Subjects, may be required. When the proposed project is subject to the requirements of 45 CFR Part 46, the Assurance must be included with the application or provided before grant award. Where SAMHSA has determined that projects funded under this announcement must meet SAMHSA Participant Protection (SPP) requirements, applicants must check the NOT applicable box.

### PART C:

1. The administrative official to be notified if an award is to be made may be the same as the authorized representative identified in Item 18 on the face page (SF 424) or may be the designated administrative/business official of the applicant organization. The official Notice of Grant Award will be mailed to the administrative official named in Part C.
2. If the applicant organization has already been assigned a modified EIN number because of receipt of another grant from the Department of Health and Human Services (DHHS), include the complete 12-digit number (1-digit prefix, 9-digit EIN, 2-digit suffix). Leave blank if the applicant organization has never been assigned a modified number from the DHHS.
3. The individual designated to direct the project must be the same as the individual identified in Item 5 on the face page of the application.