

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Cooperative Agreement for the Historically Black Colleges and  
Universities Center for Excellence in Substance Abuse and Mental  
Health**

**(Short Title: HBCU – Center for Excellence)  
(Initial Announcement)**

**Request for Applications (RFA) No. TI-08-011**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 22, 2008.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>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.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>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.</b>

---

H. Westley Clark, M.D., J.D., M.P.H.  
Director  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health  
Services Administration

---

A. Kathryn Power, M.Ed.  
Director  
Center for Mental Health Services  
Substance Abuse and Mental Health  
Services Administration

---

Terry L Cline, Ph.D.  
Administrator  
Substance Abuse and Mental Health  
Services Administration

**Table of Contents**

I. FUNDING OPPORTUNITY DESCRIPTION..... 4

1. INTRODUCTION ..... 4

2. EXPECTATIONS..... 4

II. AWARD INFORMATION ..... 11

III. ELIGIBILITY INFORMATION ..... 12

1. ELIGIBLE APPLICANTS ..... 12

2. COST SHARING and MATCH REQUIREMENTS ..... 13

3. OTHER ..... 13

IV. APPLICATION AND SUBMISSION INFORMATION ..... 13

1. ADDRESS TO REQUEST APPLICATION PACKAGE ..... 13

2. CONTENT AND FORM OF APPLICATION SUBMISSION ..... 13

3. SUBMISSION DATES AND TIMES..... 16

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS ..... 16

5. FUNDING LIMITATIONS/RESTRICTIONS ..... 18

6. OTHER SUBMISSION REQUIREMENTS ..... 18

V. APPLICATION REVIEW INFORMATION..... 19

1. EVALUATION CRITERIA ..... 19

2. REVIEW AND SELECTION PROCESS ..... 25

VI. AWARD ADMINISTRATION INFORMATION..... 25

1. AWARD NOTICES..... 25

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS..... 25

3. REPORTING REQUIREMENTS ..... 26

VII. AGENCY CONTACTS..... 27

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications..... 29

Appendix C – Sample Logic Model ..... 34

Appendix D – Logic Model Resources..... 36

Appendix E – Confidentiality and Participant Protection..... 37

Appendix F – Sample Budget and Justification..... 41

Appendix G – References ..... 46

## **Executive Summary:**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 for a cooperative agreement for the Historically Black Colleges and Universities – Center for Excellence in Substance Abuse and Mental Health (HBCU-Center for Excellence). The purpose of this program is to continue the effort to network the 103 HBCUs throughout the United States and promote workforce development through expanding knowledge of best practices, leadership development and encouraging community partnerships that enhance the participation of African-Americans in the substance abuse treatment and mental health professions. The comprehensive focus of the HBCU – Center for Excellence will simultaneously expand service capacity on campuses and in other treatment venues.

<b>Funding Opportunity Title:</b>	Cooperative Agreement for the Historically Black Colleges and Universities – Center for Excellence in Substance Abuse and Mental Health (HBCU – Center for Excellence)
<b>Funding Opportunity Number:</b>	TI-08-011
<b>Due Date for Applications:</b>	May 22, 2008
<b>Anticipated Total Available Funding:</b>	\$500,000
<b>Estimated Number of Awards:</b>	1
<b>Estimated Award Amount:</b>	Up to \$500,000 per year
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	The 103 nationally recognized Historically Black Colleges and Universities (HBCUs) or a consortium of HBCUs with a lead college/university as the applicant. [See Section III-1 of this RFA for complete eligibility information.]

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. INTRODUCTION**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 for a cooperative agreement for the Historically Black Colleges and Universities – Center for Excellence in Substance Abuse and Mental Health (HBCU-Center for Excellence). The purpose of this program is to continue the effort to network the 103 HBCUs throughout the United States and promote workforce development through expanding knowledge of best practices, leadership development and encouraging community partnerships that enhance the participation of African-Americans in the substance abuse treatment and mental health professions. The comprehensive focus of the HBCU – Center for Excellence will simultaneously expand service capacity on campuses and in other treatment venues.

The goals of the HBCU-Center for Excellence are to:

1. Expand and enhance the existing national network of HBCUs to foster the development of programs, and to facilitate collaboration and the exchange of information related to substance abuse and mental health.
2. Provide culturally appropriate substance abuse and mental health disorder resources to HBCUs.
3. Promote workforce development in substance abuse and mental health by exposing HBCU students to a wide range of opportunities in the field, including, but not limited to internships, mentoring and leadership trainings.

The HBCU-Center for Excellence cooperative agreement is authorized under sections 509 and 520(A) of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus areas 18 (Mental Health and Mental Disorders) and 26 (Substance Abuse).

## **2. EXPECTATIONS**

### **Background**

SAMHSA has been encouraged to partner with minority institutions of higher education to promote opportunities within the field (Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce, 2006). In addition, under Executive Order 13256, Federal Departments and agencies are responsible for efforts to increase the capacity of HBCUs to compete effectively for grants, contracts, and cooperative agreements and to encourage HBCUs to participate in Federal programs. HBCUs are one of the most effective recruitment forums to fulfill the need for a greater balance of representation between treatment clinicians and patients/clients. HBCUs are institutions established prior to 1964, whose principal mission is the education of Black Americans. With a total of 103 HBCUs recognized by the Secretary of Education, serving a total of approximately 290,000 African American and other minority

students annually, HBCUs provide the perfect opportunities to create partnerships that will increase the number of minority health professionals in substance abuse and mental health and assist in the improvement of health care accessibility. (U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), Spring 2002).

Data indicate that substance abuse treatment clinicians frequently do not reflect the demographic characteristics of the client populations they serve, which tend to be young males from racially and ethnically diverse backgrounds. Thus, there is a need to recruit minority students and males to achieve a greater balance between treatment clinicians and patients/clients. According to the Annapolis Coalition, the workforce lacks the racial diversity of the populations it serves and is far too often insensitive to the needs of individuals, as these are affected by ethnicity, culture, and language. In large sections of rural America, there simply is no mental health or addictions workforce. There is overwhelming evidence that the behavioral health workforce is not equipped in skills or in numbers to respond adequately to the changing needs of the American population (An Action Plan on Behavioral Health Workforce Development, 2007).

Healthy People 2010 maintains that “increasing the number of minority health professionals is . . . a partial solution to improving access to care.” (DHHS, 2000). In a SAMHSA workforce report, recommended workforce development strategies included the development of informational materials about the field and support for mentoring programs, internships, apprenticeships, and postgraduate job placement opportunities (Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce, 2006). The HBCU-Center for Excellence will respond to these recommendations by providing substance abuse and mental health focused internships and apprenticeships, mentoring programs, leadership trainings and other opportunities to minority students within HBCUs.

This cooperative agreement will build on the accomplishments of the Historically Black Colleges and Universities National Resource Center for Substance Abuse and Mental Health Service System Infrastructure Development (HBCU-NRC) cooperative agreement. The accomplishments of the HBCU-NRC include:

- Established virtual network to support 103 HBCUs throughout the U.S.;
- Increased awareness and implementation of substance abuse treatment and mental health evidence-based practices;
- Enhanced substance abuse and mental health accredited courses and degree programs through technical assistance and regional workshops; and
- Exposed over 800 students to new information and strategies used in coping with substance abuse and mental health issues in the African-American community at the Dr. Lonnie E. Mitchell National HBCU Substance Abuse and Mental Health Conference. The conference also exposed students to the behavioral health field as a career option.

## 2.1 Required Activities

### HBCU-Center for Excellence

The HBCU-Center for Excellence must engage in the following activities:

- Facilitate communication and collaboration between and among HBCUs by maintaining an HBCU-Center for Excellence Internet Web site and other communication resources.
- Maintain a database of HBCUs with substance abuse and mental health curricula, programs and faculty and provide all HBCUs with regular updates.
- Promote evidence-based and promising practices in substance abuse treatment and mental health and disseminate information about effective practices to member institutions.
- Coordinate regional and national training activities and technical assistance with professional associations, Addiction Technology Transfer Centers, and the Suicide Prevention Resource Center. Promote awareness and access to substance abuse and mental health resources, such as SAMHSA's *Guide to Evidence-Based Practices on the Web* ([www.samhsa.gov/ebpwebguide](http://www.samhsa.gov/ebpwebguide)), the National Registry of Evidence-based Programs & Practices (NREPP), SAMHSA Health Information Network (SHIN) and other related resources.
- Provide on-site and distance learning opportunities for HBCU students and faculty in substance abuse treatment, mental health, workforce development, leadership and other related areas, including opportunities for student enrollment and participation in classes offered at other HBCUs and colleges/universities.
- Increase capacity to develop certificate programs within and across HBCUs that lead to program certification. This may include partnering with other HBCU or non-HBCU institutions with existing substance abuse and/or mental health certificate programs.
- Provide liaison assistance for the Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy annually (see additional details, below).
- Coordinate and monitor the implementation of campus-based substance abuse and mental health pilot projects, including, but not limited to managing the pilot Request for Applications (RFA) process, providing technical assistance, and overseeing the process to ensure accountability (see additional details, below).

### Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy

The Annual Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy (formerly known as the Annual Dr. Lonnie E. Mitchell National HBCU Substance Abuse and Mental Health Conference) will be designed to assist HBCU student/faculty teams in addressing substance

abuse and mental health issues and needs on their campuses, and to develop a strategic plan to implement in response to the identified needs.

The Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy will be funded through a separate contract within SAMHSA. The HBCU-Center for Excellence will be responsible for coordinating with the SAMHSA contractor to provide support services including, but not limited to, providing input on the design and content focus of the policy academies, assisting the contractor with contact information from HBCU faculty and students and serving as a liaison between the HBCUs, SAMHSA and the contractor.

### **Substance Abuse and Mental Health Pilots**

The grantee will be responsible for the conceptualization, coordination, monitoring, and implementation of campus-based substance abuse and mental health pilot projects. Two types of pilot projects will be offered under this announcement: Substance Abuse Treatment Workforce Development pilots and Mental Health pilots. HBCUs have the option to apply for and receive either a Substance Abuse Treatment Workforce Development Pilot award (up to three times over the 3-year grant period) or a Mental Health Pilot award (once over the 3-year grant period) or both. Each pilot program is described below.

#### HBCU Substance Abuse Treatment Workforce Development Pilot Program

Through the HBCU-Center for Excellence, approximately 25 Substance Abuse Treatment Workforce Development pilots will be funded annually at up to \$5,000 each for a total of \$125,000. The purpose of the HBCU Substance Abuse Treatment Workforce Development Pilot Program is to provide opportunities for more students to obtain practical experience in the addictions field. The goals of the pilot program are to:

- Increase the number of HBCU students interning in the substance abuse treatment field;
- Increase HBCU student exposure to career options in the substance abuse workforce;
- Establish and/or increase HBCU partnerships with local, regional and State substance abuse partners committed to increasing diversity in the addictions workforce;
- Work with HBCUs to provide students with course credit for participation in internships; and
- Connect with State licensure boards to provide students with credit toward State substance abuse certifications.

The participating HBCUs will be required to identify and partner with local, regional and State substance abuse treatment providers, related programs and agencies to establish internships for their students. HBCUs will be required to appoint a faculty lead that will serve as coordinator of the pilot program and be responsible for: (a) identifying the substance abuse partner providers/agencies that will provide internships; (b) selecting students on campus who demonstrate an interest in interning in the substance abuse treatment field; (c) managing the pilot process on their campus, including monitoring the status of students and employers over the course of the semester to ensure success of the internships; and (d)

providing fall and spring semester progress reports to the HBCU-Center for Excellence pilot coordinator during the pilot year.

The application process for Year 1 will begin in Spring 2009, with all internships beginning in late Spring, Summer or Fall 2009. In grant years 2 and 3, the application process will begin in Fall 2009 and 2010, with all internships, commencing in the Spring semesters of 2010 and 2011, respectively. HBCU pilot applicants will be required to provide MOUs/Letters of Commitment from selected partner agencies/providers to demonstrate the parties' commitment to the collaboration. Mini-grant funds may be used for stipends for students participating in internships. No more than 15% of the pilot funding can go towards faculty administrative costs, which includes responsibilities such as student and internship partner selection, monitoring and data collection. Although partner contributions and matching are not required, HBCUs are encouraged to request contributions or match funding from partnering substance abuse treatment agencies/providers. HBCUs may apply for Substance Abuse Treatment Workforce Development Pilots annually during the three-year grant period. However, in each award cycle, preference will be given to HBCUs that have not received a pilot award, provided that the applications are of sufficient quality.

#### Mental Health Pilot Program

Through the HBCU-Center for Excellence, up to 20 Mental Health Pilots will be funded annually for a maximum of \$10,000 per award. HBCUs may receive only one Mental Health Pilot award during the three-year grant period. HBCUs who received funding for a pilot during the initial HBCU-NRC grant are eligible for a pilot during the new grant cycle.

Fifty-seven mental health pilots are expected to be awarded by the completion of the 3-year grant cycle to support HBCUs in addressing student mental health needs, including the development of suicide prevention programs and culturally appropriate responses to trauma. The pilots must be designed to increase opportunities to:

- Reinforce the infrastructure of the overall HBCU network to implement a public health approach to mental health promotion and the prevention of, referral to treatment, and recovery from mental health disorders.
- Expand service capacity for students at risk or displaying symptoms of a mental health disorder; and
- Promote workforce development through exposure to evidence-based practices and mentoring.

The pilots will be implemented in four main phases to ensure all key stakeholders understand the scope of the proposed activities and expected outcomes from the outset. The phases will also assist with the overall management of the pilot program. Pilot participants will engage in a well-structured planning process and a comprehensive implementation process. All phases of the process are of equal importance and required for the pilot's completion. The four phases of the pilot are:

- Phase I: Readiness Phase: Building Commitment;

- Phase II: Leadership Development/Strategic Planning;
- Phase III: Implementation and Capacity Building; and
- Phase IV: Sustainability and Expansion.

## **2.2 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section D: Performance Assessment and Data” of your application. Grantees must collect and report data using the CSAT Baseline and Follow-up Meeting Satisfaction Surveys, CSAT Baseline and Follow-up Training Surveys, and CSAT Baseline and Follow-up Technical Assistance Satisfaction Surveys, which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing them.

GPRA data must be collected at the end of each event and 30 days post-event (e.g., trainings, technical assistance, distance learning activities, Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academies). GPRA data must be entered into the GPRA Web system within 7 business days of the forms being completed. In addition, 80 percent of the participants must be followed up on. GPRA data are to be collected and then entered into CSAT's GPRA Data Entry and Reporting System ([www.csat-gpra.samhsa.gov](http://www.csat-gpra.samhsa.gov)). Training and technical assistance on data collecting, as well as data entry, will be provided by CSAT.

Recipients of Mental Health Pilots will also be required to report performance on infrastructure development. These measures are currently under development, but will most likely be derived from the following domains: policy development; workforce development; financing; organizational restructuring; accountability; types/targets of practices, and cost efficiency. Performance information may be gathered from administrative data and/or from data the grantee will be required to collect. Data collected must be entered into the CMHS Transformation Accountability (TRAC) Web-based system on an annual basis on data collection forms which are also under development. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

Program activities may be used to demonstrate SAMHSA's contribution to the White House Initiative for Historically Black Colleges and Universities.

In addition to GPRA, the HBCU-Center for Excellence is expected to address the following measures:

- An increase in the number of HBCUs that offer program certifications in behavioral health, within their campuses or through partnerships with other universities by 10% in year 2 and 15% in year 3, relative to the baseline estimate in year one of the project.
- Policy changes resulting from participating in the Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy.
- Number of referrals to mental health treatment as a result of suicide screenings.

- Number of substance abuse treatment internships obtained through the HBCU Substance Abuse Treatment Workforce Development Pilots.

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

### **2.3 Performance Assessment**

The HBCU-Center for Excellence must Grantees must assess its project, addressing the performance measures described in Section I-2.2. 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 at least annually.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

#### *Outcome Questions:*

- What was the effect of intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

#### *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)?

**No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.**

### **2.5 Grantee Meetings**

The grantee must plan to send a minimum of two people (including the Project Director) to at least one grantee meeting in each year of the grant, and you must include a detailed budget and narrative for this travel in your budget. At these meetings, the grantee will present the results of

their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Cooperative Agreement
<b>Anticipated Total Available Funding:</b>	\$500,000
<b>Estimated Number of Awards:</b>	1
<b>Estimated Award Amount:</b>	Up to \$500,000 per year
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$500,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. **Applicants should be aware that funding for this program is not included in the FY 2009 President's budget request, and funding beyond FY 2008 is not guaranteed. SAMHSA is allowing applicants to submit proposals for two additional budget years for planning purposes and for technical assistance in sustainability activities.**

### Cooperative Agreement

This award is being made as a cooperative agreement because it requires substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

#### Role of Grantee:

- Comply with the terms and conditions of the cooperative agreement and collaborate with SAMHSA staff in project implementation.
- Provide SAMHSA with data required to comply with the Government Performance and Results Act (GPRA). The grantee must meet with SAMHSA Project Officers within two months after the award of the cooperative agreement to begin discussing the grantee's data collection and performance measurement strategy and how it will meet SAMHSA GPRA requirements.
- Participate with SAMHSA staff in any necessary development and refinement of HBCU-Center for Excellence policies, data collection and performance measurement strategies, measures, and databases.
- Keep policies consistent with SAMHSA policies on data sharing, access to data and materials, and publications.
- Attend meetings with SAMHSA as typically required of cooperative agreement grantees. These may be conducted in person, electronically, or by conference call.

- Provide funds for HBCU-Center for Excellence staff to attend relevant national meetings and conferences.
- Collaborate in planning and participating in any joint learning workshops with SAMHSA's ATTCs (<http://www.nattc.org/index.html>) and other appropriate SAMHSA-funded activities.

#### Role of SAMHSA Staff:

- Work with the HBCU-Center for Excellence to help coordinate activities.
- Provide guidance and technical assistance across all the project's components, and conduct site visits as needed.
- Approve project implementation plan.
- Monitor and review progress of the HBCU-Center for Excellence project and make recommendations regarding moving through successive stages including its potential continuance.
- Participate in any necessary development and refinement of the HBCU-Center for Excellence policies, data collection and performance measurement strategies, measures and databases.
- Facilitate the coordination of this program with other SAMHSA policies and activities, as appropriate.
- Review and approve products prior to publication and dissemination.
- Participate in the implementation and coordination of campus-based substance abuse and mental health pilots, including the approval of proposed pilots and subawards.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants for the HBCU-Center for Excellence are the 103 nationally recognized Historically Black Colleges and Universities (HBCUs) or a consortium of HBCUs with a lead college/university as the applicant. The recipient of the award will be the entity legally responsible for satisfying the requirements of the cooperative agreement. The applicant must agree to involve and serve all 103 HBCUs in the United States.

Eligibility is limited to the nationally recognized HBCUs or a consortium of HBCUs because the target audiences for activities supported under this initiative are HBCUs and HBCU students. Since there is a high concentration of African American students on these campuses, HBCUs are uniquely situated to provide the perspective regarding the substance abuse and mental health needs and issues surrounding the African American population in and around these college campuses. This initiative also supports Executive Order 13256 to "strengthen the capacity of historically black colleges and universities to provide the highest quality education, and increase opportunities for these institutions to participate in and benefit from Federal programs."

The full list of HBCUs who are eligible to apply may be viewed at the following Web site: <http://www.ed.gov/about/inits/list/whhbcu/edlite-list.html>.

## 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing is not required in this program.

## 3. OTHER

**You must comply with the following requirements, or your application will be screened out and will not be reviewed:** use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix A of this document.

# IV. APPLICATION AND SUBMISSION INFORMATION

## 1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at [www.samhsa.gov/grants/apply.aspx](http://www.samhsa.gov/grants/apply.aspx)

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
- list of certifications and assurances referenced in item 21 of the SF 424 v2.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### 2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site ([www.samhsa.gov/grants/index.aspx](http://www.samhsa.gov/grants/index.aspx)) and a synopsis of the RFA is available on the Federal grants Web site ([www.Grants.gov](http://www.Grants.gov)).

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

## 2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **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, target population, proposed catchment area, proposed strategies/methods, project goals and measurable objectives to achieve infrastructure development and capacity expansion. 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 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix F of this document.
- ❑ **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 through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- ❑ **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
  - *Appendix 1:* Letters of Support
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Appendix 5:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
  
- ❑ **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
  
- ❑ **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.

### **2.3 Application Formatting Requirements**

**Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.**

### 3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 22, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **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).**

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

**Your application must be received by the application deadline or it will not be considered for review.** 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, your application will be considered late and ineligible for review.

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at [www.whitehouse.gov/omb/grants/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html).

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **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: SPOC – Funding Announcement No. **TI-08-011**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)<sup>1</sup> to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the proposed infrastructure development, and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA’s Web site at [www.samhsa.gov](http://www.samhsa.gov). If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, “Letter to the SSA.”** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **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: SSA – Funding Announcement No. **TI-08-011**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.

---

<sup>1</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- The applicant must notify the SSA within 30 days of receipt of an award.

## **5. FUNDING LIMITATIONS/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, SAMHSA's HBCU-Center for Excellence grant recipient must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 20% of the grant award may be used for data collection and performance assessment expenses.
- Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the grant project. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

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 “**HBCU-CFE, TI-08-011**” 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**

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at [www.samhsa.gov](http://www.samhsa.gov). Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections E-H and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

**Section A: Statement of Need (10 points)**

- Describe the proposed network of HBCUs and the institutions of higher education that will receive services through the HBCU Center for Excellence.
- Document the need for an enhanced infrastructure to increase the capacity to network HBCUs in issues related to substance abuse treatment and mental health promotion, and/or prevention and/or treatment. Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Indicate your willingness to involve and serve all 103 HBCUs in the United States and describe the service gaps, barriers, and other problems related to ensuring that the infrastructure for the HBCU-Center for Excellence engages all HBCUs and their students. Describe the stakeholders and resources in the target area that can help implement the needed infrastructure development.

**Section B: Proposed Approach (35 points)**

- Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will increase HBCU capacity to promote workforce development and support effective substance abuse and/or mental health services.

- Describe your proposed plans for the HBCU-Center for Excellence. Provide evidence that the proposed activities meet the infrastructure needs and show how your proposed infrastructure development strategy will meet the goals and objectives.
- Describe how you will coordinate with the SAMHSA contractor to develop the Annual Dr. Lonnie E. Mitchell HBCU Behavioral Health Policy Academy
- Describe your plans for conceptualizing, coordinating, monitoring and implementing the HBCU Substance Abuse Treatment Workforce Development and Mental Health Pilot Programs
- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- Provide a logic model (see Appendix C) that demonstrates the linkage between the identified need, the proposed approach, and outcomes.
- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of commitment/coordination/support from these community organizations in **Appendix 1** of your application.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population.
- Describe how members of the target population were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how your activities will enhance substance abuse treatment workforce development opportunities and improve mental health services on the HBCU campuses.
- 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 C: Staff, Management, and Relevant Experience (25 points)**

- 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.]
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- 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.
- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture and language of the target population. If the target population is multicultural and multilingual, describe how the staff are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

### **Section D: Performance Assessment and Data (30 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this document, including data required by SAMHSA to meet GPRA requirements. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Describe your plan for conducting the performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

NOTE: Although the budget for the proposed project is not a scored 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**

**Section E:** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**Section F:** Budget Justification, Existing Resources, Other Support. 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. Be sure to

show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix F of this document.

**Section G: Biographical Sketches and Job Descriptions.**

- 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 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 section of the PHS 5161-1 instruction page, available at [www.hhs.gov/forms/PHS-5161-1.doc](http://www.hhs.gov/forms/PHS-5161-1.doc).

**Section H: 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 H of the application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix E of this RFA.

**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 E of the RFA provides a more detailed discussion of the issues applicants should address. 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 E: 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 2** 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 3** 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 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 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 peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications also must 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 peer reviewers and, when applicable, approved by the Center for Mental Health Services' and Substance Abuse Treatment's National Advisory Councils;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

## VI. AWARD ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

### 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.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- 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**

In addition to the data reporting requirements listed in Section I-2.2, you must comply with the following reporting requirements:

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

- You will be required to submit semi-annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

### **3.2 Government Performance and Results Act**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s HBCU-Center for Excellence grant program are described in Section I-2.2 of this document under “Data Collection and Performance Measurement.”

### **3.3 Publications**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- 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 questions about program issues contact:

Shannon Taitt  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 5-1037  
Rockville, MD 20857  
(240) 276-1691  
[Shannon.Taitt@samhsa.hhs.gov](mailto:Shannon.Taitt@samhsa.hhs.gov)

Roslyn Holliday Moore  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 6-1077  
Rockville, MD 20857  
(240) 276-1825  
[RoslynHolliday.Moore@samhsa.hhs.gov](mailto:RoslynHolliday.Moore@samhsa.hhs.gov)

For questions on 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 – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications**

*SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. If you do not adhere to these requirements, your application will be screened out and returned to you without review.*

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

*To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.*

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
  - § Face Page (Standard Form 424 v2, which is in PHS 5161-1)
  - § Abstract
  - § Table of Contents
  - § Budget Form (Standard Form 424A, which is in PHS 5161-1)
  - § Project Narrative and Supporting Documentation
  - § Appendices
  - § Assurances (Standard Form 424B, which is in PHS 5161-1)
  - § Certifications
  - § Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
  - § Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
  - § Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - § Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - § Documentation of nonprofit status as required in the PHS 5161-1.
  
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
  
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. 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 should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
  
- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.
  
- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

## 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 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov.** 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 SAMHSA grant applications are described in Appendix A 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 – Sample Logic Model

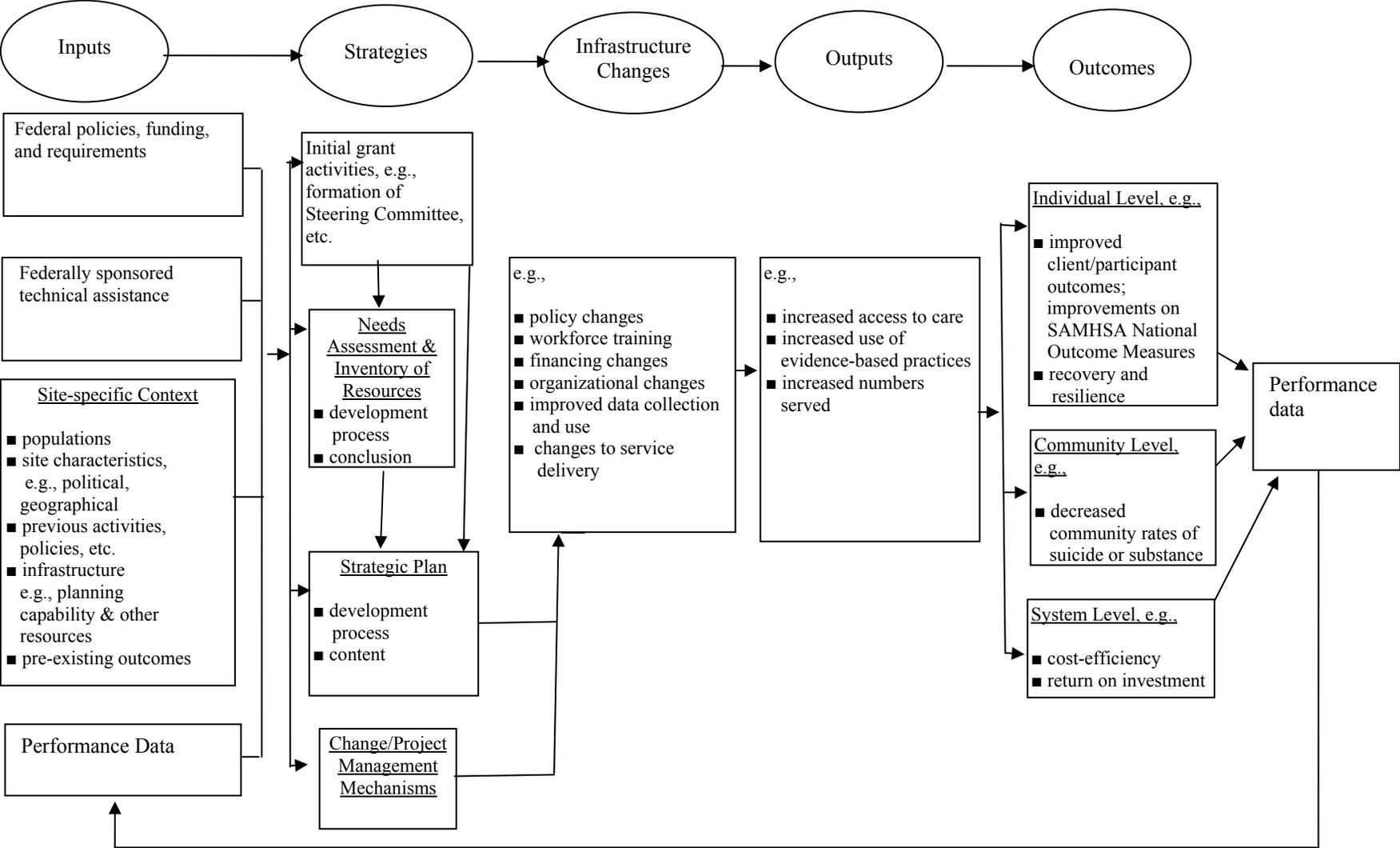
A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), the strategies you use, the infrastructure changes that occur, what takes place (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to strategies, the strategies to infrastructure changes, the infrastructure changes to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your targeted systems or agencies. Then you look at the **Inputs**, which are the resources you will invest to change these conditions. These inputs then are organized into the **Strategies** you will use and the **Infrastructure Changes** that will result. These changes then are intended to create **Outputs** such as increased numbers of people served or numbers of providers trained. **Outcomes** are the intended consequences of the program or activity, such as changes in behavior or rates of substance abuse or mental illness.

\*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

### Sample Infrastructure Logic Model\*



## Appendix D – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3<sup>rd</sup> Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

## Appendix E – 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 2, “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 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## 7. Risk/Benefit Discussion

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

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

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 F – 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 \$191,300 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
Total Direct Costs	192,640	205,934	208,653
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 G – References

Abt Associates. (2007). *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce*, Rockville: Substance Abuse and Mental Health Services Administration (SAMHSA)/DHHS, 45-46, 64.

Annapolis Coalition. (2007). *An action plan for behavioral health workforce development: A framework for discussion*. (SAMHSA/DHHS Publication No. 280-02-0302). Rockville, MD: Department of Health and Human Services, 1.

Department of Health and Human Services (DHHS), “Access to Quality Health Care Services,” *Healthy People 2010: Understanding and Improving Health*, 2nd ed., (Washington, DC: U.S. Government Printing Office, 2000), *Online*, <<http://www.healthypeople.gov/Document/HTML/Volume1/01Access.htm>>, March 2005, p. 20.

Provasnik, S., and Shafer, L.L. (2004). *Historically Black Colleges and Universities, 1976 to 2001* (NCES 2004-062).