

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**National Child Traumatic Stress Initiative  
National Center for Child Traumatic Stress  
(Initial Announcement)**

**Request for Applications (RFA) No. SM-09-006**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 6, 2009</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>

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## Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 a National Center for Child Traumatic Stress grant through the National Child Traumatic Stress Initiative grant program. The purpose of this program is to improve treatment and services for children and adolescents who have experienced traumatic events and to increase access to these treatments and services throughout the United States.

<b>Funding Opportunity Title:</b>	National Child Traumatic Stress Initiative -National Center for Child Traumatic Stress
<b>Funding Opportunity Number:</b>	SM-09-006
<b>Due Date for Applications:</b>	May 6, 2009
<b>Anticipated Total Available Funding:</b>	\$5.0 million
<b>Estimated Number of Awards:</b>	One
<b>Estimated Award Amount:</b>	Up to \$5.0 million per year
<b>Length of Project Period:</b>	Up to three years
<b>Eligible Applicants:</b>	Domestic public and private non-profit entities [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 Mental Health Services is accepting applications for a fiscal year (FY) 2009 National Center for Child Traumatic Stress grant in the National Child Traumatic Stress Initiative grant program.

The purpose of the National Child Traumatic Stress Initiative grant program is to improve treatment and services for children and adolescents who have experienced traumatic events and to increase access to these treatments and services throughout the United States. The initiative is designed to address child trauma issues by creating a national Network of grantees—the National Child Traumatic Stress Network—that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The role of the National Center for Child Traumatic Stress (NCCTS) is to provide leadership, infrastructure, and support for the Network to achieve its goals of increasing access and raising the standard of care for traumatized children, adolescents, and their families.

The National Child Traumatic Stress Initiative -National Center for Child Traumatic Stress is one of SAMHSA's infrastructure grant programs. SAMHSA's Infrastructure Grants support an array of activities to help the grantee build a solid foundation for delivering and sustaining effective mental health services. SAMHSA recognizes that each applicant will start from a unique point in developing infrastructure and will serve populations/communities with specific needs. Awardees may pursue diverse strategies and methods to achieve their infrastructure development and capacity expansion goals. Successful applicants will provide a coherent and detailed conceptual "roadmap" of the process by which they have assessed or intend to assess service system needs and plan/implement infrastructure development strategies that meet those needs. The plan put forward in the grant application must show the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain effective programs and services.

As of April 2008, approximately 1.64 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

National Child Traumatic Stress Initiative -National Center for Child Traumatic Stress grants are authorized under Section 582 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

## 2. EXPECTATIONS

In providing leadership for the National Child Traumatic Stress Network, the NCCTS is expected to perform the following functions:

- **Identify National Unmet Needs and Emerging Issues in Child Trauma**  
The National Center collaborates with SAMHSA, the Treatment and Services Adaptation Centers, and Community Treatment and Services Centers in identifying child trauma intervention needs, and gaps and fragmentation in services. In conducting analyses of emerging issues or unmet needs related to child trauma, the National Center will further develop and support the Network's collaborative approach to identifying, improving, developing, disseminating, and/or evaluating child trauma treatment and services.
- **Develop and Maintain Collaborative Network Structure**  
The National Center will continue to develop and maintain a framework and organizational procedures for collaborative National Child Traumatic Stress Network functioning. This framework will include procedures to coordinate and integrate new Centers into the Network. The National Center will identify and use existing resources of Network Centers in all areas of Network activity and promote increased participation of Centers in Network activity and communication and promote collaboration among Centers.
- **Expand the National Reach of the Network**  
The National Center will collaborate with SAMHSA staff in developing plans to expand the reach of the National Child Traumatic Stress Network. In part, this effort will include an expanded "vision" of Network membership that is not dependent solely upon Federal funding. As part of this expanded vision, the National Center will continue to support "affiliate" membership, which may be available to a wide array of potential organizational partners. Affiliate membership may entitle organizations that do not currently receive SAMHSA grant support to participate in workgroups, training, and product development and dissemination. Through this process, new stakeholders can be engaged in the process of transforming child trauma services, and current grantees that do not receive Federal funds in future years may still participate in collaborative activities of the Network. Affiliate members that contribute productively to Network activities may potentially receive Federal logistical support to attend workgroup meetings and events.
- **Facilitate Network Communications**  
The National Center will develop Network communication systems to promote effective routine and emergency linkage among Network members. Ideally, this communication structure will facilitate access for all grantees to up-to-date information on collaborative activities within the Network. Plans to mobilize specialized Network child trauma expertise in times of national emergency need should be developed and tested. The National Center will maintain a leadership role in mobilizing Network resources to assist SAMHSA and its Federal, State, and local partners during times of crisis.
- **Strengthen the Process for Developing and Disseminating Network Products**

The National Center will continue to work with other National Child Traumatic Stress Network Centers to develop and disseminate information on evidence-based practices, policy and funding opportunities, educational materials, and other information on child and adolescent traumatic stress vital to professionals, policy makers and the public. The National Center will further develop the Network's national capacity for training Network and non-Network providers in implementing evidence-based treatment and service delivery approaches. As part of this effort, the National Center will support Network activities to assess the effectiveness and applicability of Network-developed intervention products in community and service settings and develop and use other approaches for promoting the dissemination of evidence-based interventions.

- **Promote Sustainability Planning**

In order to be successful in its nationwide goals, the intervention and service approaches developed through the National Child Traumatic Stress Network must “take root” in communities independent of Federal grant funding. All grantees in the National Child Traumatic Stress Network will be expected to develop a sustainability plan and model an infrastructure for sustainability of Network activities that have improved or have the potential to improve outcomes for traumatized children and families. The National Center, with assistance from Network Centers and SAMHSA, will provide an inventory of successful models and strategies for addressing sustainability to members of the Network and provide technical assistance to Network programs to implement these sustainability models and strategies. Results of sustainability planning should include development, implementation, and training on various techniques for sustainability of Network programs and services that are strategically designed for long-term impact.

- **Participate in Performance Monitoring and Cross-Site Evaluation Efforts**

The National Center will collaborate with SAMHSA, a cross-site evaluation contractor, and Network grantees in the design and implementation of local and cross-site evaluation plans, which will include attention to SAMHSA Government Performance and Results Act (GPRA) goals, National Child Traumatic Stress Network operation goals, and program-specific goals. The National Center will maintain a lead role in providing expertise to Network members on clinical data issues. In this role, the National Center may provide technical assistance to grantees in support of the development of protocols, clinical assessment measures, and screening instruments related to the collection and analysis of clinical treatment and service data.

## **2.1 Required Activities**

In close partnership with SAMHSA's Center for Mental Health Services, the National Center will provide the vision, leadership, and overall organization and coordination to move the National Child Traumatic Stress Network toward achieving its goals. Required activities to be carried out by the National Center are as follows:

- Oversight and administration of National Child Traumatic Stress Network Structure
- Coordination of a Steering Committee for the Network consisting of grantee representatives from all levels of the Network
- Coordination of an Advisory Committee for the Network consisting of selected experts in child trauma, consumer and family involvement, and related areas.

- Collaborative product development and dissemination of customized training materials, including curricula developed by Network grantees.
- Consultation and technical assistance on clinical issues, including consultation on instruments for assessment of clinical and behavioral issues related to child traumatic stress

National Child Traumatic Stress Initiative -National Center for Child Traumatic Stress grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Needs assessment
- Strategic planning
- Organizational/structural change (e.g., to create locus of responsibility for a specific issue/population, or to increase access to, or efficiency of, services) and the development of collaborative management structures that make it easier for Network grantees to work with one another.
- Development of interagency coordination mechanisms
- Provider/network development
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements)
- Quality improvement efforts
- Workforce development (e.g., training, support for licensure, credentialing, or accreditation)

## **2.2 Allowable Activities**

SAMHSA's National Child Traumatic Stress Initiative -National Center for Child Traumatic Stress grants may also support the following types of activities:

- Collaboration and coordination with consumer and service provider constituencies.
- Development of a comprehensive marketing plan for product development and dissemination.
- Organization of training events.
- Communication and marketing of Network activities and products through the use of multiple media, including Web-based technology.
- Consultation and liaison activities to foster opportunities for grantee sites to partner with state/local mental health systems, major child serving agencies, and other local stakeholders to address community needs related to transforming systems to address the challenges of child and adolescent trauma.
- Technical assistance to Network grantees on the development and implementation of strategies for disseminating promising practices in child and adolescent trauma.
- Development of internal performance monitoring systems, including analysis and interpretation of Network intervention and evaluation data and feedback to the Network on the results of these analyses.

## 2.3 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. The National Center for Child Traumatic Stress will be required to assist SAMHSA and an evaluation contractor in reporting on the performance of the National Child Traumatic Stress Network in accomplishing the following Government Performance and Results Act (GPRA) goals:

1. Increase the number of children and adolescents receiving trauma-informed services
2. Improve children’s outcomes
3. Increase percentage of child-serving professionals who report implementing trauma-informed practices and services after receiving training

Additionally, NCTSI grantees will be required to report the following data in quarterly and annual progress reports (as described in Section VI–3) or through ongoing data entry using NCTSI data collection instruments:

1. Number of children and adolescents reached by effective, trauma-informed treatment and services
2. Children’s outcomes, such as increased number of children/adolescents receiving services that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance) as assessed by standardized assessment tools
3. Systems transformation outcomes, such as implementation and adaptation, and/or increased utilization, of effective trauma-informed treatment and services by local and/or State service system(s) and/or by specific service settings (e.g., school systems, child welfare, juvenile justice)

### Transformation Accountability System (TRAC)

The Transformation Accountability System (TRAC) is a web-based data entry and reporting system established by CMHS as data repository for program performance measures. Performance measures are collected as part of CMHS’ effort to promote accountability within its programs. This effort is mandated by the Government and Performance Results Act (GPRA) and the Office of Management and Budget’s (OMB) Program Analysis Review Tool (PART). SAMHSA has developed a common set of National Outcome Measures (NOMs) to be used by all programs that deliver direct treatment services. Data must be collected and entered into TRAC on a timely basis using tools designated by SAMHSA.

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 will 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. The measures and data collection instruments are expected to be implemented by mid FY 2010. Performance information may be gathered from administrative data and/or from data the grantee will be required to collect. Data collected will 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.

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

### Consumer Outcomes

The collection of Consumer Outcome data will enable CMHS to report on the National Outcome Measures (NOMs) which have been identified by SAMHSA as key priority areas relating to mental health. Grantees will be required to report performance in the NOMs domains which include: mental illness symptomology, school attendance, criminal justice involvement, stability in housing, social support/social connectedness, and number of children/adolescents receiving trauma-informed services (by age, gender, race and ethnicity). Consumer Outcomes data for each of the NOMs domains is gathered electronically using the Core Data Set (CDS); Transformation Accountability (TRAC) system; and the quarterly progress reports.

### The Core Data Set

Grantees that provide direct clinical services are expected to contribute to the Core Data Set (CDS), an existing network-wide clinical tool that collects client-level data from NCTSI centers. The CDS consists of a set of personal and life history characteristics, assessment of lifetime trauma exposures, and standardized assessment and outcome measures. CDS data from Network centers is captured through a Web-based system that allows centers to enter their data remotely through a validated, secure, password-protected system. The CDS automatically scores clinical assessments (PTSD-RI, TSCC-A, and the CBCL) and produces clinical reports. NCTSI grantees are expected to support full implementation of the CDS.

The entire CDS data set is housed in a computer-based data repository. The CDS was originally developed to improve assessment, treatment planning, and outcome assessment of children and adolescents who receive trauma-focused interventions, but can also be used to analyze important relations between client characteristics, treatment provision, and treatment outcomes. The National Center is expected to devote data analytic expertise and resources to analysis of the CDS to address significant issues in the course and outcomes of child and adolescent trauma and the effectiveness of interventions. The National Center is expected to support making the CDS available for analysis by Network centers of their own accumulated data and to make available versions of the CDS for analysis by Network centers, by the Government, the evaluation contractor or other Government contractors, and the public, dependent on the level of consent of service recipients for use of their data.

Grantees providing direct clinical services to children and adolescents are expected to enter their clients into the CDS and conduct required follow-up assessments or at the conclusion of treatment. In cases where the CDS assessments are not appropriate for a population (i.e., cultural inappropriateness or children receiving brief “single contact” treatment) grantees are expected to work with the NCCTS to identify measures more appropriate for specific clients. Grantees are expected to provide the CDS prescribed demographic and basic background information on all children receiving services. Grantees are also expected to develop a plan for training clinicians on the clinical utility of the CDS in clinical decision making and treatment planning.

## **2.4 Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. 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.

The National Center for Child Traumatic Stress (NCCTS) must evaluate its project, and applicants are required to describe a proposed evaluation plans in their applications. The evaluation should be designed to provide regular feedback to the project to improve program operations and, ultimately, the outcomes that will result from implementation of the project. The successful grantee will be expected to submit an annual internal evaluation report to SAMHSA. As the lead grantee working in partnership with SAMHSA to coordinate the activities of the National Child Traumatic Stress Network, NCCTS plays a pivotal role in ensuring that the Network meets the overall goals of this initiative. Therefore, the National Center for Child Traumatic Stress must address the following in its evaluation:

- Demonstrating effectiveness and leadership for managing activities that require coordination and integration across funded Centers;
- Enhancing the national-level impact of the Network through strategic information dissemination activities and external Network partnerships.

The applicant must commit the proposed Center to participate in the Cross-Site Evaluation (CSE) of the NCTSI. The CSE may incorporate both quantitative and qualitative methods, cross-sectional and longitudinal data collection approaches, and collect and analyze descriptive data and intervention outcomes.

Grantee program staff are required to participate in interviews, focus groups, and/or surveys; assist the cross-site evaluation contractor with identifying and recruiting participants; and participate in the longitudinal data collection.

No more than 20% of the total grant award may be used for data collection, performance measurement and evaluation activities.

## 2.5 Grantee Meetings

The National Center for Child Traumatic Stress (NCCTS) must coordinate with SAMHSA in planning and conducting an annual national grantee meeting for the National Child Traumatic Stress Network as a whole and must budget for travel for at least ten (10) staff to attend this annual meeting. At these meetings, grantees will collaborate on cross-Network working groups, present the results of their projects, and discuss project requirements with Federal staff. Each meeting will be three days.

## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Cooperative Agreement
<b>Anticipated Total Available Funding:</b>	\$5.0 million
<b>Estimated Number of Awards:</b>	One
<b>Estimated Award Amount:</b>	Up to \$5.0 million per year
<b>Length of Project Period:</b>	Up to three years

**Proposed budgets cannot exceed \$5.0 million 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.

### Cooperative Agreement

These awards are being made as cooperative agreements because they require 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 of the award and satisfactorily perform activities to achieve the NCTSI goals;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve NCTSI goals;
- Consult with SAMHSA staff and an outside cross-site evaluation contractor on evaluation plans. As requested, assist in cross-site evaluation of Network activities and program outcome evaluation as well as the monitoring and evaluation all Network collaborative activities;
- Provide SAMHSA and a cross-site evaluation contractor with justifications and materials for clearance of data collection and analysis activities by the U.S. Office of Management and Budget (OMB);
- Support and participate in Network meetings;

- Respond to requests for information from CMHS;
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- As appropriate, support and disseminate intervention products, training materials, and other publications developed by the Network for use by the field; and
- Produce required SAMHSA reports.

#### Role of SAMHSA Staff:

- Consult with the National Center Directors on all phases of the project to ensure accomplishment of the goals of the Initiative;
- Review critical project activities for conformity to the mission of the NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of the NCTSI programs;
- Make recommendations regarding continued funding;
- Provide guidance on project design and components;
- Participate in policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Oversee development and implementation of a multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other NCTSI grantees;
- Approve data collection plans and institute policies regarding data collection;
- Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor;
- Recommend outside consultants for training, site-specific evaluation, and data collection, if needed;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and apply study results.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Partnerships of such organizations may apply, but one of the partners must be designated as the grantee organization. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies.

## 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are 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 <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
- a 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 (<http://www.samhsa.gov/grants/apply.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<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 <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix E 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 4** – 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 Appendix 2. 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)
- **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 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 6, 2009**. 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 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 <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 <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. **SM-09-006**. 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 services to be provided; 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 <http://www.samhsa.gov/grants/ssadirectory.pdf>. 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 no 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. **SM-09-006**. 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.

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<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 <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 National Child Traumatic Stress Initiative grant recipients 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 <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 <http://www.Grants.gov> apply site. You will be able to download a copy of the application package from <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 “**National Center for Child Traumatic Stress, SM-09-006**” 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 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 <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 1-4 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, each bullet is assessed in deriving the overall Section score
- Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the Network and commit to working within this collaborative framework. To adequately address some of the requirements in this section, it would be helpful to be familiar with current Network Centers and collaborative activities. This information is available in the application kit and can be accessed electronically at the National Child Traumatic Stress Initiative website at <http://www.nctsnet.org>.

## **Section A: Understanding of National Needs Related to Child Traumatic Stress (25 Points)**

- Describe the experience of the proposed Center Director(s) in providing national leadership focused on child traumatic stress to the professional child trauma field, other professional organizations, governmental organizations, foundations, and child/adolescent service systems
- Describe contributions of key staff in the following goals of the National Child Traumatic Stress Initiative: (1) improving treatment and services for children and adolescents who experience traumatic events, (2) increasing access to trauma treatment and services, and (3) providing training to service providers in trauma treatments and services.
- Discuss the key issues and strategies for transforming the major child/adolescent service systems, such as schools, the child mental health service system, the child welfare system, and the juvenile justice system, into trauma-informed systems

## **Section B: Proposed Approach (40 points)**

Describe how you will perform the following functions of the National Center for Child Traumatic Stress. In each area propose a small set of significant goals that would advance Network accomplishments in addressing child/adolescent traumatic stress and preliminary plans or strategies to develop Network activities, resources, and products within the existing framework of the National Child Traumatic Stress Network to achieve these goals. This framework requires collaboration of Network centers through the Network's organization of committees in all phases of Network operations. Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the Network, and commit to operating within this collaborative framework. The plans must state specific goals that can be assessed to indicate success in accomplishing the objectives of each of the required sections, and strategies and procedures that will be used to adequately achieve the proposed performance goals stated for each required area. Plans must utilize the collaborative structure and operation of the National Child Traumatic Stress Network and build upon the Network's accomplishments in the intervention development, training, resources and data collection rather than initiating wholly different activities.

### **1. Leadership of National Network**

- Describe goals and plans for how the National Center for Child Traumatic Stress will work collaboratively with SAMHSA and Network grantees to promote the transformation of service systems for children and adolescents so that children and adolescents in these systems who have experienced trauma will have access to effective services for trauma. National leadership activities focused on transforming service systems may include promoting understanding of child trauma, facilitating adoption of effective trauma treatment and services, providing training to service providers in these systems, and collaborating with national consumer and professional organizations. The applicant must describe how it will provide leadership and support for collaborative activities of Network Centers in achieving goals in this area.
- Describe goals and plans for any policy-related projects and activities that promote recognition of the significance of child trauma or promote effective child trauma services (such as national media campaigns or informational campaigns targeted to key policy makers and funders, promotion of the adoption of effective trauma services within a variety of service systems, initiatives in support of financing and availability of trauma services). The rationale, goals, and strategies for any policy-related projects and activities must be described.
- Describe goals and a plan for developing the Network's response to traumas that have a major national impact and to affected trauma populations, such as military families who have experienced deployment or loss, children and families impacted by natural and/or human-caused disasters, and underserved populations because of ethnicity, residence, or discrimination.

## **2. Outreach and Enhancement of the Impact of the Network**

- Describe goals and plans to expand the reach of the National Child Traumatic Stress Network by developing procedures for collaboration with service programs that do not receive direct grant funding from SAMHSA, professional and advocacy organizations for child-serving service systems, and consumers.
- Describe goals and plans to enhancement of Network impact by improving or increasing the Network's capacity to provide effective Network-developed intervention training to large numbers of service providers through effective and innovative training procedures and the use of Web-based training methods. Describe goals and procedures to more effectively distribute Network products, encourage and support their use, and monitor success in achieving these goals.
- Describe goals and activities in support of sustainability planning by sites in the Network, including development of multifaceted sustainability plans that extend beyond traditional fund raising to include community collaboration and support, outcomes evaluation, social marketing, and diverse strategies for funding and other supportive resources and procedures to evaluate the process and products/outputs/outcomes of these activities.

## **3. Promotion of Network Collaboration**

- Describe how the National Center for Child Traumatic Stress will refine and maintain a framework and organizational procedures for collaborative National Child Traumatic Stress Network functioning. Discuss procedures to enhance communication, information sharing, consensus building and involvement in collaborative activities, but also how to correct deficiencies in Network collaboration, such as lack of response by centers to other centers, lack of information by centers about activities relevant to their project at other Network centers, and development of proprietary products and interventions using Network resources. The applicant must describe a process through which it will identify and use existing resources of Network Centers in all areas of Network activity, and promote increased participation of Centers in Network activity, and communication and collaboration among Centers. This framework must include procedures to coordinate and integrate new Centers into the Network. Describe mechanisms to improve communication among Network Centers and involvement of Centers in collaborative Network activities. The applicant must demonstrate an understanding of the current structure of the Network, and outline areas for potential improvement and suggestions for potential modifications to the current structure.
- Describe the composition and activities of a Network Steering Committee representative of Network Centers to provide guidance on general policies for operation of the Network, and an Advisory Board of constituency representatives to provide input on how the Network can achieve the national goals of NCTSI, including membership, roles, functions, and frequency of meetings

- Describe procedures to include greater input from consumer constituency groups, especially children/adolescents, families, and community service providers, in all aspects of Center and Network activities.
- Describe procedures to ensure consideration of cultural and other types of diversity in the activities of the Network and in the development of interventions and intervention products.

#### **4. Collaborative Resource Development and Dissemination**

- Describe processes to support development and dissemination of a range of products – including effective clinical and service intervention products – to address public, consumer, service provider, and policy maker needs. Indicate how input from key consumers, service providers, and policy makers has or will be obtained. Describe how this process will utilize collaborative Network activity. Describe how these efforts and products will be monitored, assessed and improved.
- The National Center should dedicate 5-10% of its budget to producing, enhancing, or publishing in print or electronic form Network products, including intervention products and professional and public resources. Describe a plan for how these funds will be spent product development and production.
- Describe how the National Center will further develop the Network’s national capacity for training Network and non-Network providers in implementing evidence-based treatment and service delivery approaches. As part of this effort, describe how the National Center will support Network activities to assess the effectiveness and applicability of Network-developed intervention products in community and service settings and developing and using other approaches for promoting the dissemination of evidence-based interventions.
- Describe the organization and function of a Resource Center as part of the National Center that would have primary responsibility for product development and dissemination, public and professional awareness campaigns
- Describe staffing and information technology resources for electronic communication and project development within the Network. Describe plans to expand current Network IT resources, such as the web-site and video conferencing.
- Describe strategies for establishing and maintaining partnerships with professional groups, policy makers, community-based organizations, child serving agencies and systems, and other key stakeholders to support dissemination efforts.
- Describe strategies for establishing a media strategy and marketing plan for the National Child Traumatic Stress Network that reaches professional and government organizations.

- Describe how needs of diverse cultural and linguistic communities will be addressed in Network-developed products.

## **5. Consultation and Technical Assistance**

- Describe a plan to identify and provide resources for supporting or enhancing the sustainability of trauma services by Network centers by means other than Federal grant support. Include procedures to identify effective models of sustainability from within the National Child Traumatic Stress Network and elsewhere in the fields of mental health, child services, and other human services and a plan to facilitate the transfer of executable knowledge and methods for sustainability plan development and implementation to sites in the Network. The plan must describe how the applicant will: (a) establish and operate a planning group representative of the Network, (b) stimulate and support Network sites in developing multifaceted sustainability plans that extend beyond traditional fund raising to include community collaboration and support, outcomes evaluation, social marketing, and diverse strategies for funding and other supportive resources, (c) provide outreach and training to Network sites using a variety of methods, and (d) evaluate the process and products/outputs/outcomes of these activities.
- Describe procedures to accelerate the development of child trauma expertise in new grant sites and how such methods can be developed for export to service programs outside the Network to develop their trauma expertise.

## **Section C: Staff, Management, and Relevant Experience (15 points)**

- Identify proposed key staff and described their experience and responsibilities at the NCCTS in child/adolescent trauma interventions and service delivery, training, use of clinical data, measurement and evaluation, and policy issues relevant to child/adolescent trauma. Describe a staffing plan adequate to accomplish the function and goals specified above in “Proposed Approach,” including a description of additional staff positions with expected qualifications.
- Describe the experience and expertise of the applicant organization in managing a complex, national network of collaborative projects.
- Indicate how the applicant organization will support and promote cultural competence in the Center’s activities through staffing and/or training.

## **Section D: Performance Assessment and Data (20 points)**

- Describe the applicant organization’s commitment and plan for collaborating with SAMHSA staff, an evaluation contractor, and Network grantees in providing available data and reports for evaluation purposes. Describe experience with the development of data collection packages and supporting materials for approval by the U.S. Office of Management and Budget (OMB).

- Describe how the National Center for Child Traumatic Stress will support a Network capacity to collect clinical and service data across Network Centers that provide treatment and services, including support for procedures for collecting such data, with attention to issues of clinical feasibility, the uses of such data, and how such data can promote knowledge to improve treatment and services for children/adolescents/families exposed to traumatic events. The applicant should describe plans to provide technical assistance and consultation to grantees on the effective use and analysis of clinical and service data.
- Describe an internal performance evaluation plan to assess and report annually on the performance of the National Center for Child Traumatic Stress in achieving the function and goals specified in “Proposed Approach” above. This internal evaluation plan should identify indicators of goal achievement, some benchmarks to assess progress in goal achievement, data collection methods, discussion of potential barriers/issues/problems, and proposed strategies for correction of these issues.
- Discuss coordination with a cross-site evaluation contract overseen by the Center for Mental Health Services. The application must discuss preliminary plans to collaborate with the evaluation contractor in the implementation of the cross-site evaluation of Network activities and Network-produced intervention products. These plans must include attention to NCTSI and SAMHSA GPRA goals. Plans should also discuss technological capabilities and potential processes for data collection and data sharing.
- Describe other planned activities in the areas of data collection, analysis, evaluation, and reporting of findings to promote the goals of the National Child Traumatic Stress Initiative.

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 E 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 a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

**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 your application, using the guidelines provided below.

### **Confidentiality and Participant Protection:**

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

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature.

In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix C: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 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 evaluation 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 National Advisory Council; and,
- availability of funds.

## VI. 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 Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you 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-2.3, you must comply with the following reporting requirements:

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

- You will be required to submit quarterly progress reports and final progress reports, as well as annual and final financial status reports.
- You will be required to submit annual evaluation 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 (GPRA)**

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 National Child Traumatic Stress Initiative grant program are described in Section I-2.3 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 grant 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:

Malcolm Gordon, Ph.D.  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1005  
Rockville, MD 20857  
240-276-1856  
[malcolm.gordon@samhsa.hhs.gov](mailto:malcolm.gordon@samhsa.hhs.gov)

For questions on grants management issues contact:

Gwendolyn Simpson  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1085

Rockville, Maryland 20857  
(240) 276-1408  
[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@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 <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 <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. **REMINDER: CCR registration expires each year and must be updated annually.**

**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 2003 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”, “Appendix 4.”**

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. 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. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

**For United States Postal Service:**

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

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

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

# Appendix C – Confidentiality and Participant Protection

## 1. Protect Clients and Staff from Potential Risks

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

## 2. Fair Selection of Participants

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

## 3. Absence of Coercion

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

consulting with existing local programs and reviewing the relevant literature. In no case may the value 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 D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

## Appendix E – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

**A. Personnel:** an employee of the applying agency whose work is tied to the application

**FEDERAL REQUEST**

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Executive Director	John Doe	\$64,890	10%	\$6,489
Coordinator	To be selected	\$46,276	100%	\$46,276
			TOTAL	\$52,765

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

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and project activities, including training, communication, data collection and information dissemination.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A)

**\$52,765**

**B. Fringe Benefits:** List all components of fringe benefits rate

**FEDERAL REQUEST**

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

**JUSTIFICATION: Fringe reflects current rate for agency.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF424A)

**\$10,896**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
Conference (be as specific as possible)	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

**JUSTIFICATION: Describe the purpose of travel and how costs were determined.**

Cost for two members to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A)

**\$2,444**

**D. Equipment:** an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit – federal definition.

**FEDERAL REQUEST** (enter in Section B column 1 line 6d of form SF424A) **\$ 0**

**E. Supplies:** materials costing less than \$5,000 per unit and often having one-time use

**FEDERAL REQUEST**

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

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and outreach workshops. All costs were based on retail values at the time the application was written. \*Provide justification for purchases, especially if they were requested and purchased under a previous budget.

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

**F. Contract:** generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

**FEDERAL REQUEST (Consultant)**

Name	Service	Rate	Other	Cost
To be selected	Coalition Building	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
<b>TOTAL</b>				<b>\$2,387</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

This person will advise staff and coalition members on ways to maintain, increase membership, and develop a Strategic Prevention Framework for the local coalition. The rate is based on the average consulting rate in this area. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and the coalition. Mileage rate is based on POV reimbursement rate. A request for proposal will be issued to secure a competitive bid before final selection is made.

**FEDERAL REQUEST (Contract)**

Entity	Product/Service	Cost
To be selected	1.5 minute Public Service Announcement (PSA)	\$2,300
To be selected	Evaluation Report	\$4,500
<b>TOTAL</b>		<b>\$6,800</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

A local media outlet will produce a 1.5-minute PSA from the youth drug awareness video for the local television market. Tasks will include cutting and editing the tape, preparing introductory statement, inserting music and/or narrative, and synchronizing the sound track. A local evaluation specialist will be contracted to produce the year-end results of the coalition efforts. A request for proposal will be issued to secure a competitive bid before final selection is made.

**FEDERAL REQUEST** (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**  
 (combine the total of consultant and contact)

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

Item	Rate	Cost
Rent	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Student Surveys	\$1/survey x 2784	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	<b>TOTAL</b>	<b>\$15,819</b>

**JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.**

Rent and telephone are necessary to operate the project. The monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

**FEDERAL REQUEST** (enter in Section B column 1 line 6h of form SF424A) **\$ 15,819**

**Indirect cost rate:** Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: [samhsa.gov](http://samhsa.gov) then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A) **\$5,093**  
 8% of personnel and fringe (.08 x \$63,661)

**BUDGET SUMMARY:**

Category	Federal Request
Personnel	\$52,765
Fringe	\$10,896
Travel	\$2,444
Equipment	0
Supplies	\$3,796
Contractual	\$9,187
Other	\$15,819
Total Direct Costs*	\$94,907
Indirect Costs	\$5,093
Total Project Costs	\$100,000

**\* TOTAL DIRECT COSTS:**

**FEDERAL REQUEST** (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

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

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$100,000**