

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Cooperative Agreements for Linking Actions for Unmet Needs in
Children's Health**

**Short Title: Project LAUNCH
(Initial Announcement)**

Request for Applications (RFA) No. SM-09-009

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

Key Dates:

Application Deadline	Applications are due by May 20, 2009.
Intergovernmental Review (E.O. 12372)	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.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	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.

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Table of Contents

Executive Summary: 3

I. FUNDING OPPORTUNITY DESCRIPTION 4

 1. INTRODUCTION 4

 2. EXPECTATIONS..... 5

II. AWARD INFORMATION 19

III. ELIGIBILITY INFORMATION 20

 1. ELIGIBLE APPLICANTS 20

 2. COST SHARING and MATCH REQUIREMENTS 20

 3. OTHER 21

IV. APPLICATION AND SUBMISSION INFORMATION 22

 1. ADDRESS TO REQUEST APPLICATION PACKAGE..... 22

 2. CONTENT AND FORM OF APPLICATION SUBMISSION 22

 3. SUBMISSION DATES AND TIMES..... 25

 4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS 25

 5. FUNDING LIMITATIONS/RESTRICTIONS 27

 6. OTHER SUBMISSION REQUIREMENTS 28

V. APPLICATION REVIEW INFORMATION 29

 1. EVALUATION CRITERIA 29

 2. REVIEW AND SELECTION PROCESS 37

VI. ADMINISTRATION INFORMATION 37

 1. AWARD NOTICES..... 37

 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS..... 38

 3. REPORTING REQUIREMENTS 38

VII. AGENCY CONTACTS..... 40

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for 41

Appendix B – Guidance for Electronic Submission of Applications..... 43

Appendix C – Statement of Assurance..... 46

Appendix D – Sample Logic Model..... 47

Appendix E – Logic Model Resources..... 50

Appendix F – Confidentiality and Participant Protection 51

Appendix G – Funding Restrictions 55

Appendix H – Sample Budget and Justification 57

Appendix I – Position Descriptions..... 60

Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. The goal is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Funding Opportunity Title:	Cooperative Agreements for Linking Actions for Unmet Needs in children's Health
Funding Opportunity Number:	SM-09-009
Due Date for Applications:	May 20, 2009
Anticipated Total Available Funding:	\$11,004,000
Estimated Number of Awards:	12
Estimated Award Amount:	Up to \$850,000 per year
Length of Project Period:	Up to five years
Eligible Applicants:	Eligible applicants are State and Territorial governments and federally recognized American Indian/Alaska Native (AI/AN) Tribes and Tribal organizations. [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 fiscal year (FY) 2009 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. For this program behavioral health includes mental health and positive development free from substance abuse and other negative behavior. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Project LAUNCH is grounded in the public health approach, working towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social, cognitive and behavioral aspects of wellness. The public health approach addresses the health needs of the population rather than only addressing the health problems of individuals. Project LAUNCH seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes. Project LAUNCH promotes protective factors that support resilience and healthy development which can protect individuals from later social, emotional, cognitive, physical and behavioral problems.

Project LAUNCH will award cooperative agreements to States, Territories and Tribes, each of which will select a locality within the larger jurisdiction to be a partner in Project LAUNCH. States/Territories/Tribes will bring together child-serving systems to develop a vision and a comprehensive strategic plan for promoting the wellness of all young children, and will develop policies, financial mechanisms and other reforms to improve the integration and efficiency of the child-serving system. State/Territories/Tribes will identify and work closely with a locality that will engage in infrastructure reform, and will use Project LAUNCH funds to enhance and expand the delivery of services and practices that promote the wellness of young children and their families. The development of a comprehensive plan and coordinated system to promote young child wellness at the local level will serve as a model throughout the State/Territory/Tribe to be replicated in other jurisdictions.

Project LAUNCH cooperative agreements are authorized under Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32). This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

2.1 Population of Focus

The Project LAUNCH grant program requires that the population of focus be children from birth to 8 years of age and their families.

Project LAUNCH supports positive development for our youngest citizens and their families. Children with a solid foundation in early childhood are more likely to succeed socially, participate and thrive in school, and avoid substance use and other negative behaviors. This positive change will lead not only to positive individual outcomes but also will affect community norms and lead to a general understanding that supportive social environments promote healthy child development and stronger families. It is anticipated that children, families and other stakeholders participating in Project LAUNCH activities will contribute to healthy environments at work and in school, supportive communities and neighborhoods, improved connections with families and friends and reduced levels of drug abuse and crime.

Project LAUNCH activities at the local level will seek to promote wellness among young children through the enhancement of evidence-based direct services. However, it is also recognized that the wellbeing of young children is largely dependent on the family and community contexts in which children are embedded, and thus LAUNCH activities also include family- and community-focused interventions such as public outreach and education campaigns, family support services, and systems integration changes that improve access to care.

2.2 Guiding Principles

The Project LAUNCH model is guided by some underlying principles, which are outlined below. These principles are delineated here in order to help applicants develop a better understanding of the theoretical basis for Project LAUNCH. Grantees do not specifically need to address the principles outlined in this section in their applications; rather, these principles should be infused in whatever approaches applicants develop as part of their proposed projects. Specific, required program activities (both infrastructure development and service delivery components) are described in Sections 2.4 and 2.5 below.

Applicants are also invited to go to the Project LAUNCH website to learn more about the Project LAUNCH model and to find examples of activities and approaches of current LAUNCH grantees. (<http://projectlaunch.promoteprevent.org>.)

Project LAUNCH embraces three guiding principles for promoting young child wellness:

A public health approach

Project LAUNCH is directed toward ensuring that all children have the opportunity to reach their full potential and experience optimal development. A public health approach incorporates multiple spheres of influence to understand the determinants of health and wellness. These spheres of influence go beyond individual characteristics to also address the

physical and social environments in which people live, work, play and interact. Prevention and promotion activities are key aspects of a public health approach, in addition to efforts to treat problems after they occur.

A holistic perspective

Project LAUNCH defines child wellness as optimal functioning across **all** developmental domains, including cognitive, social, emotional, behavioral, and physical health. The goal is to work across disciplines and with those involved in the lives of young children to come to a shared understanding of healthy child development and young child wellness.

An ecological framework

Project LAUNCH recognizes that child wellness is predicated upon children living in healthy, stable, safe, and supportive families and communities. The work involves not only addressing the strengths and challenges faced by the individual child, but also those experienced by his/her family, community and culture.

Project LAUNCH activities align with the following elements:

Evidence-based prevention and promotion practices that build upon the strengths and resiliency of children, families, and communities and lead to measurable and well-defined outcomes.

Cross-training, workforce development, and communications activities to ensure that all members of the community share a vision, a mission, and a plan for child wellness.

Cross-sector collaboration and systems integration efforts at the federal, State/Territorial/Tribal and local levels to ensure that resources are shared, used efficiently, and are aligned with State/Territorial/Tribal and local strategic plans for young children.

Family-centered and culturally competent practices that include families as partners and leaders, and that value the cultural and linguistic richness and diversity within communities.

For the purposes of this grant program, promotion and prevention are defined as follows:

Promotion – activities aimed at fostering or enhancing well-being across one or more domains of health (physical, social, emotional, cognitive, and behavioral). Promotion activities are implemented regardless of participants’ current health status or risk for later problems.

Prevention – activities implemented to prevent later problems across all (or any) domain(s) of health (physical, social, emotional, cognitive, and behavioral). Such activities may be targeted towards children and families with unknown risk or who are at increased risk for later problems.

Promotion activities are implemented to foster health and wellbeing and are derived from a wellness model, while prevention activities are implemented specifically to prevent later problems and are derived from an illness model.

2.3 Using Evidence-Based Practices

SAMHSA's grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In the application, applicants will need to:

- Identify evidence-based practices Project LAUNCH grantees will need to implement.
- Identify and discuss the evidence that shows that the practices are effective. [See note below.]
- Discuss the population(s) for which these practices have been shown to be effective and show that they are appropriate for the identified target population(s). [See note below.]

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population. Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. Applicants may describe experience either with the target population or in managing similar programs. Information in support of the proposed practice needs to be sufficient to demonstrate the appropriateness of the practice to the people reviewing your application.

- Document the evidence that the practices chosen are appropriate for the outcomes you want to achieve.
- Explain how the practices you have chosen meet SAMHSA's goals for this grant program.
- We expect that applicants will implement the evidence-based services/practices in a way that is as close as possible to the original services/practices. However, SAMHSA understands that applicants may need to make minor changes to the services/practices to meet the needs of their target population or their program, or to allow applicants to use resources more efficiently. You must describe any changes to the proposed services/practices that applicants believe are necessary for these purposes. Applicants may describe their own experience either with the target population or in managing similar programs. However, they will need to convince the people reviewing the application that the proposed changes are justified.
- Explain why these evidence-based practices were chosen over other evidence-based practices.

Resources for Evidence-Based Practices:

Information on evidence-based practices can be found in SAMHSA’s *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA’s Guide to Evidence-Based Practices also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances. Applicants must document that the selected practice is appropriate for the specific target population and purposes of the project.

In addition to the Web site noted above, applicants may provide information on research studies to show that the services/practices they plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, applicants may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts. Resources such as the RAND Corporation’s Promising Practices Network (http://www.promisingpractices.net/about_ppn.asp) and the Center on the Social and

Emotional Foundations for Learning (<http://www.vanderbilt.edu/csefel/>) may also be useful in identifying evidence-based practices and obtaining research about them.

Note: Although there may not be evidence-based practices for infrastructure reform efforts, there are best practices established in areas such as infrastructure building, sustainability, resource sharing, strategic planning and policy change. Grantees are encouraged to look to other States/Territories/Tribes or communities for examples of successful models of collaboration and systems change in developing their proposals.

2.4 Infrastructure Development and Services Delivery

SAMHSA’s Project LAUNCH cooperative agreements involve both infrastructure development and service delivery components. At the State/Territorial/Tribal level, activities focus primarily on infrastructure reform efforts aimed at creating an integrated system for promoting the wellness of young children, and workforce development activities. At the local level, grantees are involved in both local infrastructure and service delivery improvements. All activities share a common goal of building a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families.

Sections I-[2.5.1](#) through I-[2.5.3](#), below, delineate the specific responsibilities of grantees at the State/Territorial/Tribal, and local levels. State/Territorial/Tribal activities and local-level activities are described separately for the purposes of clarity.

Please note that the District of Columbia and some Tribal applicants may face a situation where the State/Territorial/Tribal government also serves as the locality (see instructions on choosing a locality in Section I-2.5.1). In such cases applicants may combine the activities described in the following sections in such a way that they address the functions described in I-[2.5.1](#) and I-[2.5.2](#) without creating duplicative efforts. For example, a Tribal grantee without distinct Tribal and local governments may decide not to create a separate Councils on Young Child Wellness for the Tribal and local levels, combining the functions of these two councils. However, Tribal applicants and the District of Columbia will still be required to have both a Young Child Wellness Expert and Local Child Wellness Coordinator who will work together to fulfill the leadership roles in the program and oversee programmatic and infrastructure improvement activities. Specific guidance for Tribal applicants is included in I-[2.5.3](#).

2.5.1 Infrastructure - State/Territorial/Tribal Level

The State/Territory/Tribe is the recipient of Project LAUNCH funding and is responsible for fiscal oversight of the project. The State/Territory/Tribe can retain up to 20% of grant funds and will engage in a process of infrastructure reform intended to improve the coordination and collaboration among systems serving young children and their families. The State/Territorial/Tribal leadership must work closely with the selected locality to ensure that planning and policy reforms at the State/Territorial/Tribal level are consistent with and supportive of work at the local level. Key activities at the State/Territorial/Tribal level will be carried out by the Young Child Wellness Expert and the LAUNCH State/Territorial/Tribal Council on Young Child Wellness.

The State/Territory/Tribe must create a full-time Young Child Wellness Expert position to provide guidance and leadership for the initiative at the State/Territorial/Tribal level. The person hired for this position should have expertise in public health and early childhood mental health and development. This individual will provide overall coordination across service systems, work towards State/Territorial/Tribal policy and infrastructure improvements, and provide technical assistance to the local level. If the State/Territory/Tribe is unable to find a person with the requisite background for this position, they may consider two persons to share the position as long as they submit documentation that it was not possible to find one person with the requisite skills. Professional development for this position can also be included in the overall plan. This person will be expected to communicate regularly with the Local Child Wellness Coordinator (counterpart at the local level). If the grant is in a State or Territory with an existing Early Childhood Comprehensive Systems (ECCS) grant, the Young Child Wellness Expert must work with the ECCS coordinator and the ECCS coordinating council to coordinate activities supported by Project LAUNCH and the ECCS program.

The State/Territory/Tribe will also create an integrated State/Territorial/Tribal service system planning and oversight Council on Young Child Wellness, to include representation from Health (including representatives from the private sector), Mental Health, Child Welfare, Medicaid,

Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), the Child Care Accrediting Agency, Title V administering agencies (if applicable), the office of the governor or chief executive of the State/Territory/Tribe, and families in the target population. The State/Territorial/Tribal Council on Young Child Wellness can be integrated into an existing body of senior level officials whose primary function is oversight of young child wellness if representation from all of the above mentioned sectors is included. If you are a State or Territory with an existing ECCS grant these functions should be integrated into the ECCS coordinating council. Tribal applicants should also include the Indian Health Service. Applicants are encouraged to involve child care systems.

Applicants are expected to begin working with the partners who will comprise the State/Tribal/Territorial Council during the application process and are required to include documentation of this involvement in the form of a memorandum of agreement (MOA) or a letter of intent in **Appendix 1** of their applications. The following agencies must be included in such documentation: Health, Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), Title V administering agencies and the office of the governor or chief executive of the State/Territory/Tribe.

The MOA must describe the specific roles and responsibilities of each of the partners in the State/Territorial/Tribal collaboration and their roles on the State/Territorial/Tribal Council on Young Child Wellness. Partner responsibilities include, but are not limited to, working with the Council to develop the environmental scan and strategic plan, participation in oversight of the LAUNCH initiative at the State/Territorial/Tribal and local levels, and participation in infrastructure reform, policy development, financial mapping, and/or workforce development activities.

A letter of intent from a partnering agency should make explicit the intention to have representation and active participation on the State/Territorial/Tribal Council on Young Child Wellness if the grant is funded. If letters of intent are submitted in place of signed MOA, applicants must submit a signed MOA from each of their required partners within 3 months after grant award.

If the applicant's State/Territory/Tribe is also a recipient of the ACF Supporting Evidence-Based Home Visitation Programs to Prevent Child Maltreatment grant and/or HRSA Early Childhood Comprehensive Systems grant, grantees must provide assurance that they will create a linkage between the activities of these grants, including use of common measures and indicators where possible.

If an applicant's State has a Children's Cabinet or Council, they should inform this entity of the Project LAUNCH grant and coordinate activities where common priorities exist.

While grantees are engaged in planning and systems reform activities at the State/Territorial/Tribal level, the majority of Project LAUNCH funds are allocated for system reform and service delivery efforts within a locality that is chosen by the State/Territory/Tribe. The State/Territory/Tribe is responsible for identifying an appropriate locality, which may be a

county or municipality. The locality must be described in the application, along with a rationale for the selection of the identified locality that includes surveillance data linked with local risk and protective factors related to young children’s wellness (including physical, emotional, social, cognitive and behavioral health).

Applicants may provide a justification in Section A if they would like to serve a locality that does not fall into the strict definition of a county or municipal government (as may be the case in some Tribal lands, rural areas, or subsections of large metropolitan areas). This justification should show that the chosen locality has a cohesive service system with a set of entities that represent the required members of the Local Council on Young Child Wellness. The justification should also make the case that the chosen locality is suitable for the implementation of the Project LAUNCH framework, and that the area served is not so large in terms of population or geography that the project cannot make a significant impact on the local service system.

Applicants must include an MOA with the chosen locality in **Appendix 1**. This MOA should explain the roles of the entities (local agencies) involved in implementing the grant, with a description of the mechanism(s) that the locality will use to distribute grant funds across the systems involved in implementation.

Applicants must provide a logic model for the State/Territorial/Tribal level of their project in Section C of their Narrative. The logic model should link program resources with program activities, outputs, and outcomes. This logic model should include detail about infrastructure enhancement efforts at the State/Territorial/Tribal level, workforce development activities, and efforts to build collaboration with the local level. This logic model should be updated as the grant is implemented and an updated logic model should be submitted annually with performance reports. For examples of State/Territorial/Tribal and local logic models see [Appendix D](#).

Required Activities the State/Territorial/Tribal Level

NOTE: These activities are delineated here in order to help applicants better understand and share with their potential partner’s information about the work that grantees engage in during the grant period at the State/Territorial/Tribal level. Documentation related to these activities is not required as part of the application process.

Grantees will conduct an environmental scan in the first 6 months of the grant to map out the systems and programs (including Federal and private grants) that serve children from birth to 8 years of age and their families at the State/Territorial/Tribal level. The environmental scan will build upon the needs assessment data that is collected as part of the application process, and it will also be a key step towards the development of a comprehensive State/Territorial/Tribal Project LAUNCH strategic plan. Grantees are encouraged to build on existing scans, such as those completed by some states and territories through the ECCS grant.

Grantees will be provided with guidance for conducting their environmental scan after grants are awarded. The scan is a “living document” that may change over the course of the project to

reflect changes in the community, as well as systems and supports that address the well-being of children and families. The environmental scan will be conducted in partnership with the State/Territorial/Tribal Council on Young Child Wellness, and will provide the opportunity for information sharing and ongoing discussions regarding the current system serving children 0-8 and their families. The scan must include information about the Federal, State/Territorial/Tribal and private funding streams that support programs to address the physical, emotional, social, cognitive and behavioral health of children 0-8.

Project LAUNCH's technical assistance team and Federal staff will work with grantees to provide guidance, resources and support related to the development of the environmental scan. The results of this environmental scan will be shared with Federal staff and with partners at the State/Territorial/Tribal level and the Local Council on Young Child Wellness.

Grantees will also be required to create a strategic plan for their initiative. This plan can expand on an existing plan to support wellness for young children. In fact, when a State or Territory has an existing ECCS plan in place the grantee must build upon the ECCS plan to address the goals of Project LAUNCH. Guidance on the development of the strategic plan will be provided by the federally-funded technical assistance provider and Federal staff. The creation of this plan must actively engage the partners participating in the State/Territorial/Tribal Council on Young Child Wellness and will be coordinated with the local Project LAUNCH planning effort. Within six months of initial funding the Project LAUNCH strategic plan must be submitted to Federal Staff for approval. Further funding will be contingent on approval of the Project LAUNCH plan.

NOTE: the strategic planning process is intended to be continuous over the course of the grant. While grantees are expected to have completed an initial phase of the planning process at 6 months, the plan will continue to be developed and refined over the life of the project.

Each grant year, in collaboration with the chosen locality, the State/Territorial/Tribal Council on Young Child Wellness must develop a summary of implementation lessons learned to be shared with Federal staff and other grantees. While this summary may draw from data collected as part of the grantee-specific or national cross-site evaluation, it should serve as a separate, stand-alone document.

Grantees must cooperate with and provide State/Territorial/Tribal level data for LAUNCH evaluation efforts, as described in Sections [I-2.6](#) and [I-2.7](#), below.

2.5.2 Infrastructure and Service Delivery - Local Level

Activities at the local level include expansion and enhancement of evidence-based programs and practices intended to promote the wellness of young children and their families as well as infrastructure reform and workforce development activities. At least eighty percent (80%) of grant funds must be allocated for expenditure at the local level. Leadership at the local level will be provided by the local Young Child Wellness Coordinator and the Local Council on Young Child Wellness.

Applicants must identify a full-time Local Young Child Wellness Coordinator to coordinate the project at the local level. This person should have experience coordinating projects across local service systems and expertise in the field of child development. This person is expected to communicate regularly with the State/Territorial/Tribal level Young Child Wellness Expert.

Applicants must create an integrated local service system planning and oversight Council on Young Child Wellness, to include representatives from Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start and Part C) or integrate these functions into an existing body whose primary function is young child wellness.

Applicants are expected to begin working with the partners who will comprise the local Council on Young Child Wellness during the application process and are required to include documentation of this involvement in the form of a memorandum of agreement (MOA) or a letter of intent in **Appendix 1** of their applications.

The MOA must describe the specific roles and responsibilities of each of the partners in the collaboration and their roles on the Local Council on Young Child Wellness. These responsibilities include, but are not limited to, working with the Council to develop the environmental scan and strategic plan, participation in oversight of the development and implementation of LAUNCH local level services and activities, and participation in infrastructure reform, policy development, and/or workforce development activities at the local level.

A letter of intent from a partnering agency should make explicit the intention to have representation and active participation on the Local Council on Young Child Wellness if the grant is funded. If letters of intent are submitted in place of signed MOA, applicants must submit a signed MOA from each of their required partners within 3 months of the grant award.

Grantees must begin to implement programs and practices no later than six months after receiving funding. Implementation includes the hiring and training of staff and initiation of services and/or program activities (including evidence-based practices). Information about implementing evidence-based practices with fidelity can be accessed through the National Implementation Research Network (<http://nirn.fmhi.usf.edu/default.cfm>).

Grantees are expected to implement a range of evidence-based programs/practices at the local level to support young child wellness. The programs or practices to be implemented should enhance, improve and/or build upon existing services, or address gaps in services to young children and their families. Applicants are encouraged to select evidence-based practices and programs that meet the specific needs of their communities, and which build upon and/or enhance current services and programs or gaps in service. All applicants must implement practices in the following five areas:

- (1) Use of developmental assessments in a range of child-serving settings (e.g. primary care, child care, early childhood education, and behavioral health programs); assessments should be used to facilitate appropriate referrals throughout the child-serving system,

- (2) Integration of behavioral health programs and practices into primary care,
- (3) Home visiting programs,
- (4) Mental health consultation (e.g. in primary care, child care or early education settings),
- (5) Family strengthening and parent skills training.

While these five strategies are requirements of the Project LAUNCH model, applicants may tailor the specific evidence-based programs or practices they choose based on the particular needs of their communities. Applicants are encouraged to visit the Project LAUNCH website at <http://projectlaunch.promoteprevent.org> for examples of practices that have been selected and are being implemented by current grantees.

For all evidence-based practices and strategies chosen, applicants must explain how they intend to ensure that participants from ethnically, racially and culturally diverse populations are involved with and served by the project in a culturally and linguistically competent manner. Outreach efforts should recognize that many children (especially children 0-5) are not in continuous contact with service systems in the same way as school-aged children.

Applicants must include activities designed to increase public awareness and knowledge of child wellness, particularly among parents and other early childhood caregivers. In addition, applicants must implement a local workforce development strategy to enhance the expertise of primary care providers, mental and behavioral health providers, child welfare providers, child care providers, early childhood educators and primary grade educators related to young child wellness and healthy child development.

Applicants must include a logic model for the local level of their project in **Section C** of the Project Narrative. The local level logic model should include all program activities at the local level, including direct services/activities with children, families, and caregivers; system reform efforts (and the work of the Local Council on Young Child Wellness); and other activities such as public education campaigns and/or training/workforce development programs. In the logic model, applicants should link program resources, activities, outputs and anticipated outcomes. A sample logic model is provided in [Appendix D](#). The logic model should be updated as the grant is implemented and an updated logic model should be submitted with annual performance reports.

Required Activities at the Local Level

NOTE: These activities are delineated here in order to help applicants better understand and share with their potential partners information about the work that grantees engage in during the grant period at the local level. Documentation related to these activities is not required as part of the application process.

Grantees must conduct an environmental scan in the first 6 months of the grant to map out the public and private systems and programs (including Federal and private grants) that serve children from birth to 8 years of age and their families at the local level.

Grantees will be provided with guidance for conducting their environmental scan after grants are awarded. The environmental scan should be developed in partnership with the State/Territorial/Tribal Council on Young Child Wellness and should provide the opportunity for information sharing and discussions regarding the current system serving children 0-8 and their families. The scan should also include a financial map of the Federal, State/Territorial/Tribal and local and private funding streams that support programs to address the physical, emotional, social, cognitive and behavioral health of children 0-8.

Grantees will also develop a local level strategic plan based on the findings from the initial needs assessment at the local level (included in this application) and the environmental scan. The strategic plan must describe the gaps and unmet needs in addressing young child wellness, and explain how program resources will be used to address these needs. This plan must link with the State/Territorial/Tribal strategic plan to support young child wellness. Within six months of initial funding, this plan must be submitted to Federal Staff for approval. Further federal funding will be contingent on the approval of this plan.

NOTE: the strategic planning process is intended to be continuous over the course of the grant. While grantees are expected to have completed an initial phase of the planning process at 6 months, the plan will continue to be developed and refined over the life of the project.

Grantees must cooperate with and provide local level data for LAUNCH evaluation efforts, as described in Sections [I-2.6](#) and [I-2.7](#), below.

2.5.3 Information for Tribal Applicants

Because Tribal areas vary greatly in terms of size, some Tribal applicants may face a situation where the entire Tribal area served is suitable as the locality for Project LAUNCH. In this case, the Tribal applicant may choose to combine the Tribal and local functions described in this application to avoid redundancy. In this situation the Tribal applicant should provide a justification that demonstrates that the entire Tribal area is suitable to serve as the locality for the project in Section A of the application. This justification should demonstrate that the chosen locality is served by a cohesive service system with a set of entities that represent the required membership of the Local Council on Young Child Wellness. If one or more of these entities does not exist in the area in question the Tribe may describe how these roles will be filled by another entity (or entities) in Section C of the application.

The justification in Section A should also make the case that the chosen locality is suitable for the implementation of the Project LAUNCH framework, and that the area served is not so large in terms of population or geography that the project cannot make a significant impact on the local service system.

Tribes submitting this justification may combine the Tribal and local levels in the way that best supports their project. For example a Tribal applicant could have one combined Council on Young Child Wellness and undertake a single environmental scanning and comprehensive planning process. Please note that Tribes choosing to combine Tribal and local levels in their project must still devote at least a combined total of 1.5 FTEs to the Young Child Wellness Expert and Local Child Wellness Coordinator positions (All other grantees must devote one full FTE to each of these positions).

Tribes are encouraged to coordinate their grant activities with whatever entities can be helpful in building a successful service structure to promote young child wellness. However, Project LAUNCH does not require Tribal applicants to partner with non-Tribal State or local governments. As a result, the Tribal level Council on Young Child Wellness does not have to include a state representative from Medicaid, but it should include a representative who can address issues related to Medicaid for the Tribal community. The Tribal Council on Young Child Wellness should include representation from the Indian Health Service.

2.6 Data Collection and Performance Measurement

Grantees are required to participate in all aspects of the Project LAUNCH evaluation, which includes three distinct but interwoven data collection and assessment efforts (described below). At least 10% but no more than 15% of total grant funds should be used for program evaluation activities. Note: Funds allocated for evaluation should be set aside prior to calculating budgets for the State/Territorial/Tribal and local levels.

Grantee-specific Evaluation

Grantees are expected to design and implement comprehensive evaluations of their Project LAUNCH programs. Grantee-level evaluations should include process, outcome, and cost evaluation components. The process evaluation will assess the implementation of the project, including the fidelity to chosen practices and programs. The process evaluation should also include mechanisms for using data to make program improvements. The outcomes component of the evaluation should aim to demonstrate potential linkages between project activities and improved outcomes both at the State/Territorial/Tribal and local levels, as identified in the LAUNCH logic models. Cost evaluation should include, at a minimum, costs of implementing the program (and individual program components) and cost per person served.

In developing their evaluation plans, grantees may wish to consider outcome and process questions such as the following (findings may be included in the performance section of their Annual Progress Reports):

Outcome Questions:

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

- How sustainable were the programs?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned interventions and capacity to achieve desired outcomes?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

National cross-site Evaluation

A cross-site evaluation contractor is currently working with Project LAUNCH grantees to collaboratively develop a national cross-site evaluation. All grantees are expected to participate in the cross-site evaluation (CSE). This participation will include collecting and/or sharing common cross-site data related to processes, outcomes, and costs. All sites will participate in training on the cross-site evaluation protocols, including data collection, management and reporting procedures, as well as other evaluation-related activities. Ongoing training and technical assistance related to the CSE will be available to grantees.

Some examples of common measures that might be included in the CSE include:

- Measures of infrastructure development, collaboration, and coordination
- Surveys of change in knowledge, attitudes and behavior among parents, educators, physicians and early childhood caregivers as a result of training, education and/or consultation efforts
- Measures of child development, including individual assessments of program participants
- Measures of community awareness of young children's wellness
- Other information related to Project LAUNCH activities

GPRA Data

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). This may include data that grantees are already collecting as part of the grantee-specific evaluation or as part of the national cross-site evaluation. It is also possible that additional data will be required, which will be collected and entered into the CMHS Transformation Accountability (TRAC) web-based system using data collection forms that CMHS will provide. An example of an existing data collection instrument is the Child Consumer Outcome Measures for Discretionary Programs instrument.

<https://www.cmhs-gpra.samhsa.gov/TracPRD/view/docs/TRACChildNOMsCombined-Eng.pdf>

Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

Project LAUNCH GPRA measures are currently under development. The following developmental performance measures are proposed for use by Project LAUNCH:

Short-term Performance Measures:

1. Increase the level of collaboration between child-serving systems at the State/Territorial/Tribal and local levels.
2. Increase the number of providers and caregivers trained in evidence-based practices that promote young child wellness and increase understanding of healthy child development.

Intermediate-term Performance Measures:

3. Increase the number of children receiving developmental screenings, assessments, and referrals.
4. Increase the number of settings with embedded mental health consultation and/or integration of physical and behavioral health care services.
5. Increase the number of families receiving home visiting services.

Long-term Performance Measures:

6. Increase the percentage of young children who are healthy and ready to learn.*

*indicators to include data on healthy physical and cognitive development; school readiness data; and social/emotional/behavioral data from developmental assessments and other sources.

Grantees will work closely with the cross-site evaluation team and Federal staff to ensure that all assessment efforts (GPRA, cross-site and grantee-specific assessments) are well-integrated, complementary and minimally redundant.

Grantees will be required to hire evaluation personnel responsible for oversight and management of data collection and evaluation activities.

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

2.7 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) to assess their progress and use of this information to improve management of their grant projects. The assessment should be designed to help grantees determine progress in achieving stated goals, objectives and outcomes and should help to guide grantees in determining whether adjustments need to be made to the project. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance

assessment report to be submitted annually. (This performance assessment will be one component of the Project LAUNCH Annual Progress Report which will be submitted to Federal staff each year).

2.8 Grantee Meetings

Applicants must plan to send a minimum of three people (including the Project Director) to at least two grantee meetings in each year of the grant, and must include a detailed budget and narrative for this travel in their submitted budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be two days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$11, 004,000

Estimated Number of Awards: 12

Estimated Award Amount: Up to \$850,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$850,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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:

Grantees must comply with the terms of the Cooperative Agreement, including implementation activities described in the approved grant proposal and fulfillment of requirements described in the “Funding Opportunity Description” of the RFA. Grant recipients must agree to provide SAMHSA with all required performance data and collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement, including submission of all required forms, data and reports. Grant recipients must also collaborate with the evaluation contractor to support the cross-site evaluation, with the technical assistance provider and other Federally funded resources.

Role of SAMHSA Staff:

The Government Project Officer (GPO) will participate as needed on policy, steering, advisory and other task forces for the grant. The GPO will also facilitate linkages to other SAMHSA/Federal government resources and will help grantees access appropriate technical assistance. In addition, the GPO will assure that Project LAUNCH grantee initiatives are responsive to SAMHSA's mission and help accomplish SAMHSA goals. The GPO will monitor the development and collection of process and outcome measures; ensure compliance with the Government Performance and Results Act; and promote collaboration between the Center for Mental Health Services and the Center for Substance Abuse Prevention and other Federal Partners. In order to support collaboration and integration of programs at the Federal level and to model collaborative efforts for State/Territorial/Tribal and local systems, Federal staff will participate in and provide support for a Federal Partners Young Children's Collaborative with, at a minimum, the Health Resources and Services Administration (HRSA) the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC). This collaboration will work to facilitate program integration and linkages at the Federal level.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are State and Territorial governments and federally recognized American Indian/Alaska Native (AI/AN) Tribes and Tribal organizations. 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.

Eligibility is limited to the State or Territorial office in charge of administering the Title V (Maternal and Child Health) program because only these offices have the capacity to assist Project LAUNCH in producing State and Territorial structures that will coordinate local efforts to integrate behavioral health into young child serving programs. Tribal applicants should choose the appropriate agency to administer this program, providing justification based on the ability of that agency to coordinate between services systems.

Eligibility is restricted to entities that have not received a prior Project LAUNCH cooperative agreement.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

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.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Applicants must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client services (e.g., substance abuse prevention, mental health services) appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/Tribal licensing, accreditation, and certification requirements, as of the due date of the application.

Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.

In **Appendix 1** of the application, applicants must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in [Appendix C](#) of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call and request that the following documentation be sent by overnight mail:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/Tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/Tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, the application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

Applicants also may download the required documents from the SAMHSA Web site at 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. Applicants must use the PHS 5161-1.

Applications that are not submitted on the required application form will be screened out and will not be reviewed.

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

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

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com 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** – The 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 the abstract, write a summary of the project that can be used, if the project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of the 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 H](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes the project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if the Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 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 the Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 5** – Use only the appendices listed below. If the application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - **Appendix 1:** (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support, MOAs.
 - **Appendix 2:** Data Collection Instruments/Interview Protocols
 - **Appendix 3:** Sample Consent Forms
 - **Appendix 4:** Letter to the SSA (if applicable; see Section IV-4 of this document)
 - **Appendix 5:** A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
- **Assurances** – Non-Construction Programs. Applicants must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Certifications** – Applicants 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** – Applicants 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 applicants have obtained the proper signatures, assurances and certifications. If applicants 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 20, 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).**

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

The 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. Applicants are responsible for ensuring that they submit their 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, the application will be considered late and ineligible for review.

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

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

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing

of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. Applicants **do not** need to do this if they 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, applicants 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-09-009**. 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)¹ 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. States or local government or American Indian/Alaska Native Tribes or Tribal organizations 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;

¹ 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).

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, applicants must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-09-009**. 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.
- The applicant must notify the SSA within 30 days of receipt of an award.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- 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 Project LAUNCH grant recipients must comply with the following funding restrictions:

- The amount of funding spent at the State/Territorial/Tribal level is limited to 20% of the total grant award.
- The amount of funding for grantee level program evaluation at both the local level and State, Territorial or Tribal level must be at least 10% but no more than 15% of the total grant award.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix G](#).

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether applicants use the electronic or paper format.

To submit an application electronically, applicants must use the www.Grants.gov apply site. Applicants will be able to download a copy of the application package from 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 the application electronically.

Submission of Paper Applications

Applicants 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 **“Project LAUNCH SM-09-009”** 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-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- 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-E) together may be no longer than 30 pages.
- Applicants must use the five sections/headings listed below in developing the Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Applications will be scored according to how well applicants 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 applicants address the cultural competence aspects of the evaluation criteria when scoring applications. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation provided in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing the applicant’s response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (15 points)

- Describe the local geographic area to be served. Justify the selection of the local geographic area and population of focus. This justification should show that the chosen locality has a cohesive service system suitable for the LAUNCH model and that the area served is not so large in terms of population or geography that the project cannot make a significant impact on the local service system. Include the numbers to be served and demographic information. Discuss the target population’s language, beliefs, norms and

values, as well as socioeconomic factors that must be considered in delivering programs for this population.

Note: Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments), data from State Epidemiological Workgroups established through the Center for Substance Abuse Prevention’s Strategic Prevention Framework State Incentive Grants and/or national data (e.g., from SAMHSA’s National Household Survey on Drug Abuse and Health or from National Center for Health Statistics/Centers for Disease Control reports) and should include information about risk and protective factors related to young child wellness. For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- Describe current systems and infrastructure at the State/Territorial/Tribal and local levels designed to promote or maintain the wellness of children ages birth to 8. Discuss how culturally-based assets are integrated into the current wellness system.
- Describe the current state and the need for infrastructure development at the State/Territorial/Tribal level and infrastructure and program development at the local level specifically around promotion and prevention for young child wellness. Address the current level of coordination and collaboration across systems serving young children 0–8 and their families and the extent to which behavioral health is integrated into primary care. Describe the stakeholders and resources at the State/Territorial/Tribal level and at the local level that can help implement the needed infrastructure and programming.
- Describe current needs in the identified locality (related to physical, emotional, social, cognitive and behavioral health) based on problems or challenges faced by children and youth in that locality. Identify risk and protective factors that have been linked to those problems and needs.

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Identify the evidenced-based program(s) and practice(s) that you propose to implement at the local level. Describe how the chosen practices will address risk and protective factors related to the needs identified in the Statement of Need Section (Section A). Describe the evidence base for the proposed programs/practices, and their appropriateness for addressing the wellness of children as defined in this announcement. (See Section I-2.3, “Using Evidence-Based Practice”)
- Describe and justify any adaptations to the evidence-based practices/programs proposed which would be necessary to meet the needs of the target population as well as evidence that such adaptations will be effective for the population.
- Describe how the proposed program(s)/practice(s) will consider issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the target population while retaining fidelity to the chosen practice.

Section C: Proposed Implementation Approach (30 points)

Note: For the District of Columbia and some Tribal governments the State/Territorial/Tribal government may also serve as the local government. In these cases the applicant should combine the activities described in the following section in such a way that they address the functions laid out in the following two sections without creating duplicative efforts. For example, a Tribal grantee without distinct Tribal and local governments may decide not to create a separate Council on Young Child Wellness for the Tribal and local levels, combining the functions of these two councils.

- Clearly state the purpose, goals and objectives of the proposed project at the State/Territorial/Tribal level and at the local level. Describe how achievement of these goals will produce meaningful and relevant results and build system capacity and coordination at the State/Territorial/Tribal and local level around young child wellness.
- Describe the proposed project plan. Provide evidence that the proposed activities strengthen infrastructure at the State/Territorial/Tribal level, enhance infrastructure and services at the local level and meet the project's goals and objectives.
- Provide one logic model for the State/Territorial/Tribal level and one for the local level that demonstrate the linkage between resources, proposed approach (including all proposed evidence-based programs/practices) and desired outcomes.
- Describe membership, roles and functions, and frequency of meetings of the proposed State/Territorial/Tribal Council on Young Child Wellness. Describe membership, roles and functions and frequency of meetings of the local Council on Young Child Wellness. Discuss how the State/Territorial/Tribal level Young Child Wellness Expert and Local Child Wellness Coordinator will work together and coordinate the work of their respective councils.

To demonstrate the commitment of the required members of the proposed State/Territorial/Tribal Council on Young Child Wellness include in **Appendix 1** a letter of intent or MOA with Health (including representatives from the private sector), Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), the Child Care Accrediting Agency, Title V administering agencies and the office of the governor or chief executive of the State/Territory/Tribe. If one or more of these required partners do not exist at the State/Territorial/Tribal level, then the applicant should provide a waiver in place of the MOA for that partner which confirms the absence of that partner at the State/Territorial/Tribal level as well as a description of plans to address the issues which would have been addressed by that partner. If submitting letters of intent instead of MOAs, applicants should describe their plans for obtaining MOAs in the first three months of the grant.

To demonstrate the commitment of the required members of the proposed local Council on Young Child Wellness grantees should include documentation of the involvement of Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start, and Part C) in the form of a letter of intent

or MOA in **Appendix 1**. If one or more of these required partners do not exist at the local level, then the applicant should provide a waiver in place of the MOA for that partner which confirms the absence of that partner at the local level as well as a description of plans to address the issues which would have been addressed by that partner. If submitting letters of intent instead of MOAs, applicants should describe their plans for obtaining MOAs in the first three months of the grant.

Applicants must also include a MOA with the chosen locality in **Appendix 1** (a letter of intent cannot be substituted for this MOA). This MOA should explain the roles of the entities involved in implementing the grant, with a description of the mechanism(s) that the locality will use to distribute grant funds across the systems involved in implementation.

- Describe your commitment to working with family organizations and family representatives. Include signed letters of intent from these State/Territorial/Tribal or local organizations in **Appendix 1** of your application.
- Describe how the proposed programs, supports and services will be implemented at the local level. These programs, supports and services should include developmental assessments across a range of settings, integration of behavioral health programs into primary care, mental health consultation, family strengthening and parenting skills training, and home visitation. Where relevant, discuss how the services/programs described above include improvements or enhancements to already existing programs, and/or include efforts to improve coordination between programs or eliminate service/program gaps or redundancies.
- Provide a realistic timeline for the project at the State/Territorial/Tribal and local levels (chart or graph) showing key activities, milestones and responsible staff. **Note:** The timeline should be part of the Project Narrative. It should not be placed in an appendix.
- Clearly state the unduplicated number of individuals to be served (annually and over the entire project period) at the local level with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the target population will be identified, recruited and retained.
- Describe how members of the target population and representatives from the partnering agencies helped prepare the application and how they will help plan, implement and evaluate the project.
- Describe how the project components will build upon the existing systems serving families with children and enhance the strength and breadth of their promotion/prevention efforts. This should include discussion of the work being done as part of other SAMHSA funded projects, the State ECCS plan, and Title V Maternal and Child Health Block Grant activities, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.

Note: State and Territorial applicants with existing ECCS grants are required to build on the work completed by the ECCS grant.)

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the State/Territorial/Tribal coordination activities and local coordination and planning can begin as soon as possible, and no later than 2 months after grant award. Applicants must also show that the necessary groundwork has been completed so that local implementation of programs can begin within 6 months after award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to ensure project sustainability at the State/Territorial/Tribal and local level when funding for this project ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (15 points)

- Discuss the capability and experience at the State/Territorial/Tribal level for collaboration and work on issues related to young child wellness. Also discuss the status of the State or Territorial ECCS effort (Tribal grantees do not need to address the ECCS program), if applicable. Show that participating organizations at the local level have linkages to the target population and ties to grassroots/locally-based organizations that are rooted in the culture of the target population and are capable of providing culturally competent programs, supports and services.
- Provide a list of staff who will participate in the State/Territorial/Tribal and local Councils on Young Child Wellness and overall project, showing the role of each and their level of effort and qualifications. Include the State/Territorial/Tribal level Young Child Wellness Expert, the Local Child Wellness Coordinator and other key personnel, such as the evaluator, and promotion/prevention personnel. Show that the State/Territorial/Tribal level Young Child Wellness Expert has expertise in the public health model and early childhood mental health and development, and that the Local Child Wellness Coordinator has experience coordinating projects across local service systems and expertise in the field of child development. Also describe the relationship and plan for communication between the Young Child Wellness Expert and the Local Child Wellness Coordinator.
- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.

- Describe the resources available for the proposed project at the local level (e.g., facilities, equipment), and provide evidence that programs will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the target population.
- **Section E: Performance Assessment and Data (15 points)**
- Describe the plan for conducting the grantee-specific evaluation as specified in Sections I-[2.6](#) and I-[2.7](#) of this RFA and document your ability to conduct the evaluation. This plan should include activities related to the process, outcome and cost evaluation components of your grantee-specific evaluation.
- Describe how the proposed data collection measures will be used to evaluate linkages between project activities and desired outcomes at the State/Territorial/Tribal and local levels as identified in the project logic models.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe any proposed data collection instruments/interview protocols that you have identified and include these in **Appendix 2**. Describe any necessary modifications to these protocols. Provide copies of all proposed consent forms in **Appendix 3** of the application, “Sample Consent Forms.”
- Describe how the grantee-level evaluation will be used to assess the quality of implementation and ensure fidelity to evidence-based programs and practices.
- Describe how the proposed project will use data to manage the project and assure continuous quality improvement.
- Document your ability to collect and report on the required performance and GPRA measures as specified in Section I-[2.6](#) of this RFA

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

Section G: Budget Justification, Existing Resources, Other Support. Applicants must provide a narrative justification of the items included in the 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 15% of the total grant award will be used for program evaluation. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: 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 I: Confidentiality and SAMHSA Participant Protection/Human Subjects: Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix F of this RFA.

Confidentiality and Participant Protection:

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

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See [Appendix F](#): 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 the 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 the proposed project 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 the 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, 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;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows 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-[2.6](#), you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- Grantees will be required to submit semi-annual and final progress reports, as well as annual and final financial status reports.
- As part of these reports grantees may also be asked to collect data related to developmental assessments, referrals between agencies serving young children, level of community awareness of issues related to young child wellness, training supported by Project LAUNCH, number of families and children served through grant programs, programs costs, quality of implementation of evidence-based practices, strengths of State/Territorial/Tribal and local partnerships as well as other items identified in performance reporting materials.
- 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 Project LAUNCH grant program are described in Section I-[2.6](#) 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:

Jennifer A. Oppenheim, PsyD
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857
(240) 276-1862
jennifer.oppenheim@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

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.

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

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and Budget Section, and the pages should be numbered to continue the sequence.

- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section [IV-6](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov 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.

Applicants must follow the instructions in the User Guide available at the 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
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

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

It is strongly recommended that applicants submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- **Text legibility:** Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- **Amount of space allowed for Project Narrative:** The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out**

and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

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

After electronically submitting your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

For United States Postal Service:

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

ATTN: Electronic Applications

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

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

Appendix C – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

_____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/Tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/Tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

Appendix D – Sample Logic Model

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

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

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs**, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

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

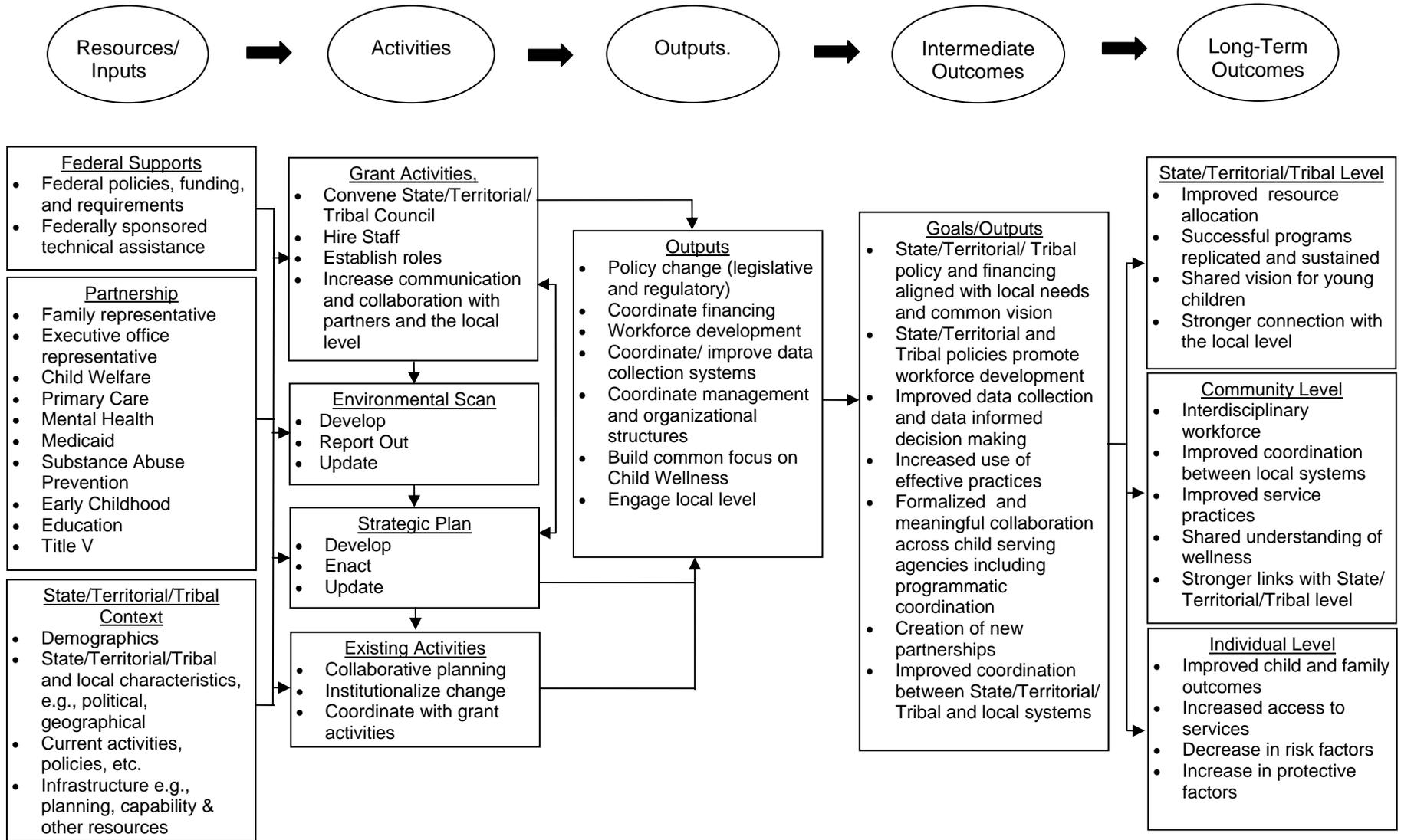
Sample Local Logic Model - Services

Resources (Inputs)	Program Components (Activities)	Outputs	Intermediate Outcomes	Long-Term Outcomes
<p>People:</p> <ul style="list-style-type: none"> • Staff • Volunteer <p>Funds:</p> <ul style="list-style-type: none"> • Grant funds • Operating budget • Partner funds • State/Territorial/Tribal funds • Private funds <p>Other resources:</p> <ul style="list-style-type: none"> • Facilities • Equipment • Community Services • Local Partnerships • Technical Assistance 	<p>Interventions:</p> <ul style="list-style-type: none"> • Mental health consultation • Home visitation • Family support <p>Training:</p> <ul style="list-style-type: none"> • Parental skills • Social skills • Enhanced child care <p>Other program activities:</p> <ul style="list-style-type: none"> • Developmental assessments • Referrals • Outreach • Social marketing 	<ul style="list-style-type: none"> • Number of children participating in child care, early education and primary care settings with mental health consultation • Number of families and children served through home visitation and family support programs • Number of staff trained in parenting skills, social skills, and enhanced child care programs: <ul style="list-style-type: none"> - Per month - Per child or family/month • Number of children receiving developmental assessments • Number of children or caregivers referred to services through grant supported activities • Number of children and caregivers participating in services as a result of referral • Number of children accessing services after early identification of developmental issues • Number of families accessing services as a result of outreach efforts 	<ul style="list-style-type: none"> • Fewer children expelled from child care and early education settings. • Reduced incidence of behavior problems in child care and early education • Improved staff understanding of behavioral health issues in child care, early education and primary care settings • Positive change in caregiver practices • Improved caregiver understanding of healthy parenting practices • Improved child behavior • Improvement in caregiver-child relationship • Reduced family conflict • Positive changes in knowledge, attitudes and behavior in staff across programs 	<ul style="list-style-type: none"> • More children demonstrating social and emotional competence • Improved family functioning • Improved child care practices in formal child care settings • Improved child social functioning • Increased awareness and knowledge among parents/caregivers/general public of issues around child wellness

Sample Local Logic Model – Infrastructure, Coordination, and Planning

<p>People:</p> <ul style="list-style-type: none"> • Staff • Community Leaders • Partner representatives <p>Infrastructure:</p> <ul style="list-style-type: none"> • Policies and Practices • Funding streams • Partner Agencies • Other Related Agencies • Community Groups • State/Territorial/Tribal connection 	<ul style="list-style-type: none"> • Local Council on Young Child Wellness • Cross- Agency Training • Service Coordination and Planning • Policy Review and Reform • Financing Review and Reform • Development of Environmental Scan (to be updated over life of project) • Development of Comprehensive Plan (to be updated over the life of the project) 	<ul style="list-style-type: none"> • Formal meetings to coordinate programs across systems established • Training programs implemented • Lessons learned shared across systems working toward common understanding of wellness • Formal Policy Review Process established • Formal Financing Review Process established 	<ul style="list-style-type: none"> • Increased number of referrals made across agencies • Improved communication between system partners • Staff implement lessons learned from training • Local policies updated • Improved coordination of funding streams 	<ul style="list-style-type: none"> • Increased number of referrals made across agencies • Improved coordination between programs • Local workforce developed with common understanding and increased knowledge of early childhood wellness • Improved system functioning and institutionalized policy review process • Flexible funding enables integrated programs
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Sample State/Territorial/Tribal Logic Model



Appendix E – Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

3. Absence of Coercion

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

the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$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>. Applicants may also contact OHRP by e-mail (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 G – 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.

Appendix H – 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
TOTAL		\$3,796

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
TOTAL				\$2,387

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
TOTAL		\$6,800

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
	TOTAL	\$15,819

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 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**

Appendix I – Position Descriptions

Young Child Wellness Expert

This position will serve as Project Director for the cooperative agreement and is responsible for providing coordination of State/Territorial/Tribal-level young child wellness efforts through work with the State/Territorial/Tribal Council on Young Child Wellness and serve as a liaison to other State/Territorial/Tribal officials and agencies positioned to support young child wellness. With the Council, the Young Child Wellness expert will support the development and implementation of a comprehensive strategic plan addressing young child wellness. These efforts will include working to establish interagency involvement in the initiative's structure and process by developing and/or changing interagency agreements and other public policies relevant to goals of the project. The position will also serve as the bridge between the State/Territory/Tribe and the funded community by working in close coordination and providing technical assistance to the Local Child Wellness Coordinator. The Young Child Wellness Expert must have expertise in the public health approach and early childhood development. They will serve as the official responsible for the fiscal and administrative oversight of the cooperative agreement and will be responsible and accountable to the funded community for the proper conduct of the cooperative agreement. If applicants are not able to find a person with the requisite background, applicants may consider two persons to share the position as long as justifying documentation is provided.

Local Child Wellness Coordinator

Working in close coordination with the Young Child Wellness Expert, the Local Child Wellness coordinator will be responsible for overseeing the development and implementation of a local-level component of the comprehensive strategic plan for developing, implementing and sustaining infrastructure and programs addressing young child wellness; establishing the organizational structure; hiring staff; and providing leadership in all local facets of young child wellness efforts, including guiding the establishment of interagency collaborations with other community-based, child- and family-serving public agencies. This key position should be staffed by one individual with knowledge of early childhood development across physical, mental, social, emotional and behavioral domains and related service systems, with demonstrated experience in mobilizing service systems, management, policy analysis and strategic thinking; leadership experience; and, demonstrated ability to foster collaborative relationships. This position should be staffed by an individual who represents the cultural and linguistic background of the population to be served. This is a full-time equivalent position.