

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

National Child Traumatic Stress Initiative – (Category II) Treatment and Service Adaptation Centers

Request for Applications (RFA) NO. SM-05-005

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

Key Dates:

Application Deadline	May 6, 2005
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due 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 60 days after application deadline.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces available funding for Treatment and Service Adaptation (TSA) Center grants through the National Child Traumatic Stress Initiative. The purpose of SAMHSA's National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for all children and adolescents in the United States who have experienced traumatic events. The initiative is designed to address child trauma issues by creating a national network of grantees—the National Child Traumatic Stress Network—that work collaboratively to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events.

The National Child Traumatic Stress Network (NCTSN) is composed of three types of centers:

1. The National Center for Child Traumatic Stress (NCCTS) works with SAMHSA to develop and maintain the network structure, provide technical assistance to grantees within the network, oversee resource development and dissemination, and coordinate national education and training efforts;
2. The Treatment and Service Adaptation (TSA) Centers provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country; and
3. The Community Treatment and Services (CTS) Centers implement and evaluate effective treatment and services in community settings and youth serving service systems and collaborate with other network centers on clinical issues, service approaches, policy, financing, and training issues.

2. EXPECTATIONS

Within NCTSI, the TSA Centers will provide national expertise and will serve as lead organizations for identifying and adapting effective treatment and services for specific types of trauma, types of trauma interventions, and/or traumatized populations.

Providing Expertise on Child Trauma

The TSA Centers will be expected to provide expertise in specific types of trauma, types of trauma interventions, and/or traumatized populations, as follows:

- Provide Expertise in Specific Types of Child and Adolescent Trauma

TSA Centers are expected to have expertise in child and/or adolescent mental health and/or trauma treatment and services and in intervention development, training, evaluation, and dissemination in specific area(s) of trauma. TSA Centers are expected

to specialize in specific prevalent types of trauma. Particular priority areas for funding in this grant announcement include the following:

- child abuse, including physical and sexual abuse;
- traumatic bereavement from loss of family members, friends and other significant attachment figures;
- medical trauma, including physical injuries or incapacitation; chronic, severe, or painful medical conditions; or invasive or painful medical procedures;
- interpersonal violence, including witnessing or experiencing domestic, community, or criminal physical/sexual violence;
- mass trauma, such as natural or man-made disasters, terrorist incidents, or other types of mass crises; and
- refugee trauma from exposure to war, political oppression, torture, and/or forced displacement.

- Provide Expertise in Treatment Approaches and/or Interventions

As part of an overall area of special expertise, TSA Centers may place particular focus on specific treatment approaches or time frames for intervention most relevant to their identified area of trauma expertise or target population. For example, TSA Centers may place particular emphasis on acute interventions in the immediate aftermath of traumatic events or clinical interventions for multiple or complex trauma for a specific population.

- Provide Expertise in Service Systems that Serve Children/Adolescents

Given a TSA Center's expertise in a particular type of trauma and/or target population, a TSA Center may also specialize in specific service settings (e.g., schools, child welfare systems, juvenile justice, and disaster recovery centers). TSA Centers are expected to have experience and expertise in addressing trauma, and in facilitating and promoting the adoption of effective treatment and service approaches in child/adolescent service settings that are relevant to their identified trauma focus.

- Experience in Trauma with Different Groups, Cultures, and Populations

To complement a TSA Center's focus on a specific type of trauma and expertise in treatment approaches and interventions, a TSA Center may have experience with trauma interventions for different groups, populations, or cultures. For example, a TSA Center may have additional expertise in trauma interventions for specific developmental ages (infants and toddlers, preschool children, adolescents), providing outreach and services to diverse demographic groups (ethnic groups, rural, and/or

urban youth), or combinations of populations with common trauma exposure (e.g., refugee populations).

Role of TSA Centers within the National Child Traumatic Stress Network (NCTSN)

The National Center for Child Traumatic Stress, the TSA Centers, and the CTS Centers work as a Network to address the more important issues in treatment and service delivery for children and adolescents exposed to trauma. TSA centers assume responsibility within the Network for the process of identifying and adapting intervention approaches in their area(s) of trauma expertise by:

1. providing leadership in the National Child Traumatic Stress Network (NCTSN) on identification, refinement, and adaptation of effective treatment and service approaches,
2. assessing the clinical and research base for existing treatment and practice models within a specific identified population;
3. consulting with community practitioners to identify challenges and barriers to implementing recommended best practices;
4. adapting and improving treatment and services approaches based on feedback from community practitioners and evaluation results so that service models are customized to local community needs;
5. serving as a resource for training, consultation, and technical assistance to CTS Centers, the National Center, and other TSA Centers regarding their areas of trauma expertise;
6. developing intervention products (i.e. protocols, manual, training materials, etc.) so that effective treatment and practice approaches can be replicated;
7. developing procedures for implementing the treatment and service approaches in appropriate service settings;
8. participating in clinical data collection, both in the development of clinical data protocols for NCTSN and assistance in collection of clinical data from service recipients,
9. evaluating fidelity and/or quality of intervention implementation; evaluating short and long-term recipient outcomes of the intervention;
10. collaborating with CTS Center to document the effectiveness of Network child trauma interventions, including submission for review by SAMHSA's National Registry of Effective Programs and Practices (NREPP);
11. working closely with other Network Centers to develop a structured plan for disseminating effective treatment and service approaches to a diverse array of community and service system providers across the country and updating that plan on a routine basis;
12. developing products for disseminating treatment and service approaches widely to appropriate service providers to ensure successful implementation in community and service settings.

Sustainability

A key goal of the TSA Centers is to identify empirically based treatment and service approaches that can “take root” in community settings across the country. These treatment and service approaches should be developed with awareness of common funding and implementation constraints in community systems. TSA Centers will work closely with the National Center for

Child Traumatic Stress and CTS Centers to develop and implement multifaceted community sustainability plans for grant-funded programs and activities that have improved or have the potential to improve outcomes for traumatized children, adolescents, and their families in areas such as policy change, service improvement, improved service access, community support, and financing of trauma services. Community sustainability plans and activities must demonstrate vision, creative financing, community support, and positive results. Sustainability planning efforts should result in the implementation of effective models or strategies to sustain grant-funded activities after the period of federal funding ends.

Direct Service Delivery

Limited direct service delivery may be supported in the TSA Center grants, but only for the specific purpose of refining treatment and service approaches in areas of trauma responsibility (for example, to develop assessment procedures, to gain clinical insight into intervention processes, or for pilot evaluation of intervention modifications). Usual service provision should not be supported by TSA grant funds. Note: A primary expectation of this grant program is that TSA Center grantees will work with communities across the country to adapt service approaches to local community needs. Grantees in this program are expected to have extensive service histories and established expertise in providing trauma related services. If the primary goal for the project is to support the implementation of new treatment and service approaches in a local community, the applicant should consider applying for a Community Treatment and Service Center grant (Category III).

2.1 Data and Performance Measurement

The Government Performance and Results Act of 1993 (P.L.103-62, or “GPRA”) requires all Federal agencies to set program performance targets and report annually on the degree to which the previous year’s targets were met.

Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding.

To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. Grantees are required to report these GPRA data to SAMHSA on a timely basis. Treatment and Service Adaptation Centers will be required to assist SAMHSA, the National Center for Child Traumatic Stress and an evaluation contractor in reporting on the performance of the Network in accomplishing the following GPRA goals:

- 1) increasing the number of children and adolescents reached by improved services; and
- 2) improving children's outcomes.

Each Treatment and Service Adaptation Center will be required to report their performance in:

- informing the development, adaptation, and application of effective treatment and trauma-informed services in their area of trauma expertise through the processes of

intervention development, standardization, implementation, evaluation, modification, and dissemination;

- producing multiple intervention products in their area of trauma responsibility which are available for training and dissemination;
- providing training and other support to a significant number of service agencies in implementing effective treatment and service approaches in area(s) of trauma expertise

Specific indicators and expected outcomes for the TSA Centers include the following:

- increased number of traumatized children and adolescents that receive trauma-focused treatment and services at National Child Traumatic Stress Network (NCTSN) Centers and in non-NCTSN service programs;
- increased number of traumatized children and adolescents who are receiving services at Network Centers that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance);
- increased number of community and service system sites using intervention products developed by the TSA Center;
- increased percentage of service providers trained to competently use NCTSN developed intervention products in area(s) of trauma specialty;
- increased number of children/adolescents/families attaining improved outcomes from use of NCTSN developed intervention products in area(s) of trauma specialty.

Grantees will utilize NCTSI-wide instruments that are currently under development to report on these indicators. Applicants must document their ability to collect and report on required data in Section C: Evaluation of their Project Narratives. Applicants must also indicate a willingness to use NCTSI data collection instruments once they are finalized.

2.2 Evaluation

Grantees must evaluate their projects, and applicants are required to describe their evaluation plans in their applications. The evaluation should be designed to provide regular feedback to the project to improve program operations and, ultimately, the outcomes that will result from implementation of the program.

Applicants must also commit their proposed Centers to participation in a national evaluation of the National Child Traumatic Stress Initiative and cross-site evaluations of National Child Traumatic Stress Network (NCTSN) intervention products and services. In October of 2004, an

evaluation firm was contracted to design and implement a national cross-site evaluation of NCTSI. The goals of the evaluation are to:

- describe the children and families served by NCTSN and their outcomes;
- assess the development and dissemination of effective treatments and services;
- evaluate intra-network collaboration; and
- assess the network's impact beyond the NCTSN.

All funded Centers will be required to cooperate with the evaluation contractor and participate in the cross-site evaluation. The evaluation design consists of a core descriptive and outcome study and a study evaluating collaboration and network participation. In addition there will be several targeted areas for in-depth study, each addressing specified aspects of the evaluation goals described above. At a minimum, each Center will participate in the core descriptive and outcome study and the collaboration and network participation study.

Examples of required cross-site evaluation participation by Treatment and Service Adaptation Centers may include involvement in collaboration, intervention adoption, and dissemination studies; network analysis studies; sharing of existing intervention development and evaluation data; and participation in provider surveys. For those TSA Centers serving children and families, the collection of longitudinal child and family measures may also be required.

Centers awarded funds must provide sufficient evaluation staff with associated support in order to comply with reporting requirements and to cooperate fully with cross-site evaluation activities. Evaluation staff from each grantee will assume responsibility for the systematic collection and implementation of all data and evaluation activities including longitudinal follow up for a subset of children and families receiving trauma treatment services. Costs associated with employing and supporting evaluation staff must be reflected in the proposal budget. The evaluation contractor will provide ongoing training and technical assistance to all awarded Centers participating in the evaluation to ensure the timely submission of data and overall compliance with the evaluation protocol.

Process evaluations must measure change relating to project goals and objectives over time compared to baseline information. You must consider your evaluation plan when preparing the project budget, including necessary staff time to consult on the cross site evaluation efforts, collect clinical data using the core data set, and compile and submit data to a national evaluation contractor. It is estimated that evaluation and data collection activities will average 10-15% of most grantee budgets. No more than 20% of the grant award may be used for evaluation and data collection.

2.3 Grantee Meetings and Collaborative Activities

Applicants must budget for travel of at least three staff to an annual national grantee meeting. In addition, grantees must set aside up to 20% of funds for collaborative activities, which may include travel to appropriate committee/work group meetings and staff time for participation in collaborative work groups.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that up to \$4.8 million will be available to fund up to eight awards in FY 2005. The maximum allowable award is \$600,000 per year in total costs (direct and indirect) for up to four years. **Proposed budgets cannot exceed the allowable amount in any year of the proposed project.** The actual amount available for awards may vary, depending on unanticipated program requirements and quality of the applications received.

2. FUNDING MECHANISM

Because of the strong expectation of collaboration within a network of grantees, independent evaluation, and nation-wide product development and dissemination, all of the grants within the National Child Traumatic Stress Network will be Cooperative Agreements.

The specific roles of grantees and the Federal government for National Center for Child Traumatic Stress are outlined below.

Role of Federal Staff:

- Consult on all phases of the project to ensure accomplishment of the goals of the project;
- Review critical project activities for conformity to the mission of NCTSI;
- Assume overall responsibility for monitoring the conduct and progress of NCTSI programs;
- Make recommendations regarding continued funding;
- Provide guidance on project design and components;
- Participate in policy and steering groups or related work groups;
- Review quarterly reports and conduct site visits, if warranted;
- Oversee development and implementation of multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other National Child Traumatic Stress Network grantees;
- Approve data collection plans and institute policies regarding data collection;
- Submit required clearance packages to the Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor;

- Recommend outside consultants for training, site-specific evaluation, and data collection, if needed;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and apply study results.

Role of Grantee:

- Comply with the terms of the award and satisfactorily perform activities to achieve the goals of NCTSI;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve NCTSI goals;
- Consult with SAMHSA staff and outside cross-site evaluation contractor on evaluation plans. Assist in cross-site evaluation of network activities and program outcome evaluation;
- Provide SAMHSA and cross-site evaluation contractor with justifications and materials for clearance of data collection and analysis activities by the Office of Management and Budget (OMB);
- Support and participate in network meetings;
- Respond to requests for information from CMHS;
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- As appropriate, support and disseminate intervention products, training materials, and other publications developed by the National Child Traumatic Stress Network for use by the field; and
- Produce required SAMHSA reports.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

This is a competitive grant award open to domestic public and private nonprofit entities. For example, the following are eligible to apply: community-based organizations, out-patient clinics, faith-based organizations, public or private universities, psychiatric or general hospitals, tribes and tribal organizations, units of State or local governments. The statutory authority for this program precludes grants to for-profit organizations.

For the purposes of this grant program, the term “tribal organization” means the recognized governing body of any American Indian or Alaska Native tribe, or any legally established organization of American Indians and Alaska Natives—such as urban Indian health programs, inter-tribal councils, and regional Indian health board—which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the AI/AN community to be served by such an organization.

Partnerships, collaboratives, and networks comprised of various types of eligible organizations are permitted; however, a single organization representing the collaborating entities must be the applicant, the recipient of any award, and the entity responsible for satisfying the grant requirements.

Applicants for the TSA Center grants may also apply for the National Center for Child Traumatic Stress (NCCTS) and Community Treatment and Services (CTS) Center grant programs. However, no single applicant may receive funding in more than one of these three grant programs.

Existing Network grantees whose awards are ending in FY 2005 are eligible to apply for this competitive grant award.

All applicants will be evaluated by the same evaluation criteria established in this Request for Applications (RFA).

2. COST SHARING

Cost sharing (see Appendix B: Glossary) is not required in this program, and applications will not be screened out on the basis of cost sharing. However, you may include cash or in-kind (see Appendix B: Glossary) contributions in your proposal as evidence of commitment to the proposed project.

3. OTHER

Applications must comply with the following requirements, or they will be screened out and will not be reviewed: use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

(To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.)

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit by calling SAMHSA's National Mental Health Information Center at 1-800-789-CMHS (2647).

You also may download the required documents from the SAMHSA web site at www.samhsa.gov. Click on "Grants."

Additional materials available on this web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Includes instructions for the grant application. This document is the RFA.

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

2.2 Required Application Components

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it 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** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be 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** – Your total abstract should be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix D of this RFA.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. These sections in total may be no longer than 25 pages. (For example, remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

- *Section E* – Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
- *Section F* - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.
- *Section G* - Biographical Sketches and Job Descriptions.
 - Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description/and or a letter of commitment with a current biographical sketch from the individual.
 - Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
 - Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.
- *Section H* - Confidentiality and SAMHSA Participant Protection/Human Subjects. Section IV-2.4 of this document describes requirements for the protection of the

confidentiality, rights and safety of participants in SAMHSA-funded activities. This section also includes guidelines for completing this part of your application.

- ❑ **Appendices 1 through 4** - Use only the appendices listed below. If your application includes any appendices not required in this grant announcement, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3, and 4 combined. There are no page limitations for Appendix 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
 - *Appendix 1:* Letters of Support, Memoranda of Understanding or other documentation of collaboration with other potential centers or programs
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
- ❑ **Assurances** – Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1. Applicants will be required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170.
- ❑ **Certifications** – Use the “Certifications” forms found in PHS 5161-1.
- ❑ **Disclosure of Lobbying Activities** – Use form SF 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.
- ❑ **Checklist** - Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 Application Formatting Requirements

Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

- ❑ Information provided must be sufficient for review.
- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
 - Type size in the Project Narrative cannot exceed an average of 15 characters per

- inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
- Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
- Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 25-page limit for the Project Narrative.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 25. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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, following these guidelines will help reviewers to consider your application.

- Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. 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 limit of a total of 30 pages for Appendices 1, 3 and 4 combined should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6.1 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.

Guidance for Electronic Submission of Applications

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You 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.

You must search the Grants.gov site for the downloadable application package, by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at: www.Grants.gov apply site, on the Customer Support tab. 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.

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: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. 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 above, and 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 to 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 one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12,

with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.

- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. **Any part of the Project Narrative in excess of the word limit will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number.

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), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must reference the Grants.gov tracking number for your application, on these documents with original signatures, and send the documents to the following address. The documents must be received at the following address within 5 business days of 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 service (DHL, Falcon Carrier, Federal Express, United Parcel 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 20850
ATTN: Electronic Applications

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

2.4 Confidentiality and Human Subjects Protection

Applicants must describe procedures relating to Confidentiality and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below. Problems with confidentiality and protection of human subjects identified during peer review of the application may result in the delay of funding.

Confidentiality and Participant Protection:

All applicants must describe how they will address the requirements for each of the following elements relating to confidentiality and participant protection.

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- 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 2.**

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 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://hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (301-496-7005).

3. SUBMISSION DATES AND TIMES

The deadline for submission of applications for the TSA Center grants is May 6, 2005.

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

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- For packages submitted via DHL, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt verifying that carrier service received the application at least 24 hours prior to the application deadline.
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - a receipt from the Post Office containing the post office name, location, and date and time of mailing.

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

Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

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

SAMHSA is collaborating with www.grants.gov to accept electronic submission of applications for this grant program. Guidance for electronic submission of applications is provided in Section IV-2.3 of this announcement.

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

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (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. You **do not** need to do this if you are a federally recognized Indian tribal government.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

For United States Postal Service:

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

ATTN: SPOC – Funding Announcement No. SM-05-005

For other delivery 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 **20850**
ATTN: SPOC – Funding Announcement No. SM-05-005

In addition, community-based, non-governmental service providers who are not transmitting their applications through the State must submit a Public Health System Impact Statement (PHSIS) (approved by OMB under control no. 0920-0428; see burden statement below) to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. 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. State and local governments and Indian tribal government applicants are not subject to these requirements.

The PHSIS consists of the following information:

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

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

Applicants who are not the SSA 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:

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-05-005

For other delivery 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 **20850**
ATTN: SSA – Funding Announcement No. SM-05-005

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.

[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 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).]

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74

In addition, SAMHSA grant funds *may not be used to:*

- Pay for any lease beyond the project period.
- Provide direct 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.
- Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, childcare, and vouchers) to clients as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- 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 (STDs)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

6. OTHER SUBMISSION REQUIREMENTS

6.1 Where to Send Applications

(Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

Send applications 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**

For other delivery 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 **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “NCTSI-Category II; SM-05-005” in item number 10 on the face page of the application. If you require a phone number for delivery, you may use (240) 276-1199.

6.2 How to Send Applications

(Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-D). These sections describe what you intend to do with your project.

- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section.
- Reviewers will be looking for evidence of cultural competence in throughout the Project Narrative. Points will be assigned based on how well you address the cultural competence

aspects of the evaluation criteria. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on “Grants.”

- The Supporting Documentation you provide in Sections E-H and Appendices 1 through 4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within each section.
- Applicants must be familiar with, or familiarize themselves with, the current structure and operation of the National Child Traumatic Stress Network (NCTSN) and commit to working within this collaborative framework. To adequately address some of the requirements in this section it would be helpful to be familiar with current NCTSN Centers and collaborative activities. This information is available in the application kit and can be accessed electronically at the National Child Traumatic Stress Network website (www.nctsn.org).

A. Background, Experience, and Need (25 Points)

- Indicate the specific types of child/adolescent trauma and/or populations of traumatized children/adolescents for which you propose to assume a leadership role within the National Child Traumatic Stress Initiative. You may also identify specific service systems or types of interventions that will be the primary focus of effort. While applicants can identify more than one area of expertise, the descriptions must be as specific as possible in outlining the unique area(s) in which the applicant organization is qualified to provide national consultation and leadership as part of the National Child Traumatic Stress Network.
- Describe the current status of clinical treatment and service intervention approaches within your proposed area(s) of trauma expertise, including promising intervention approaches; trauma-informed services; the status of standardization, evaluation, and product dissemination of these intervention approaches; treatment and service interventions that need to be developed; and significant barriers to intervention development and dissemination in this area(s) of trauma expertise.
- Describe the service delivery system in your proposed area(s) of trauma expertise, including who provides services, how services are typically provided, and the involvement of the major specialty child/adolescent service systems (e.g., education, health or juvenile justice) in service delivery, and how access to these service systems can be attained to implement trauma informed services.
- Describe the experience and expertise of key staff within your organization in child/adolescent mental health and/or trauma treatment and services and in

developing, standardizing, evaluating, training, and disseminating effective interventions and public and professional resources in your proposed area(s) of trauma expertise.

B. Proposed Approach (50 Points)

Responsibility for Treatment and Service Adaptation in Area(s) of Trauma Expertise

- Describe a plan to partner with other Network Centers and to use the collaborative committee organization of the National Child Traumatic Stress Network (NCTSN) to identify, adapt, and standardize the most critical and/or promising interventions in the area(s) of implementing intervention approaches in community and service system settings, and developing training protocols and products for the interventions that permit replication and evaluation in community and relevant service system settings.
- Describe a plan to collaborate with CTS Centers in assessing the effectiveness of intervention approaches and products in your identified area(s) of trauma expertise, including the suitability of interventions that are developed for delivery in community service system settings; outcomes of implementing standardized interventions in community settings at NCTSN sites and in outside sites; and achievements in utilizing results from community/service system replications to revise intervention, training procedures, or implementation materials as needed.

Dissemination

- Describe formal plans and proposed procedures to promote further dissemination and adoption of effective intervention approaches and intervention products in community and child-serving service systems in identified area(s) of trauma expertise. Proposed procedures must include collaboration with the other Network Centers and the National Center for Child Traumatic Stress in the dissemination of intervention products and training.
- Describe a plan to partner with service provider organizations and other constituency groups to facilitate dissemination and adoption of effective interventions in your identified area(s) of trauma expertise.

Resource Development

- Describe available resources (for the public, service providers, consumers, and policy makers) that have been developed in your identified area(s) of trauma expertise. These resources may have been developed by your organization or by other programs. Describe the adequacy of these resources and a plan to develop additional public and professional resources in the area(s) of trauma expertise for use by the Network and for use and dissemination outside the Network. The plan must include collaboration with the National Center for Child Traumatic Stress in the development, production, and dissemination of resources.

Sustainability Planning

- Describe a plan to work closely with the National Center for Child Traumatic Stress and other Network grantees to help communities sustain progress in best practice implementation beyond the Network and Federal funding. Interventions and products developed by TSA Centers should be designed to “take root” in community systems and should not be dependent solely on funding through the National Child Traumatic Stress Initiative.

Consumer Collaboration

- Identify and describe how the proposed TSA Center will create liaisons with important professional provider and other constituency organizations in your identified area(s) of trauma expertise.
- Describe procedures to include input from consumer constituency groups, including both service recipients (children/adolescents and their families) and community service providers, in all aspects of Center activities through a consumer/family advisory board or other mechanisms.
- Describe how cultural and social diversity will be incorporated into the development, implementation, evaluation, and dissemination of assessments, clinical data collection, and interventions in your identified area(s) of trauma expertise. Describe procedures to obtain input from diverse cultural/social groups in developing interventions appropriate to these diverse populations.

C. Evaluation (15 Points)

- Describe a performance evaluation plan to assess the degree of success in achieving the goals specified for the elements in “Proposed Approach” above. This internal evaluation plan should identify indicators measuring goal achievement, some benchmarks indicating degree of goal achievement, data collection methods, discussion of potential barriers/issues/problems in collecting data and proposed strategies for correction of these issues.
- Indicate your willingness to participate in the cross-site evaluation of NCTSI and use NCTSI data collection instruments once they are finalized.
- Document your ability to collect and report on the required performance indicators and outcomes listed in Section I-2.1 of this announcement. Indicate any additional potential outcome indicators of the effectiveness of interventions, training, and resources developed through participation in the National Child Traumatic Stress Network in your identified area(s) of trauma expertise and how these indicators will be collected from treatment/service providers. Note: These indicators may be modified after grant award in

consultation with the SAMHSA project officer to assure coordination with national cross site evaluation activities, including submission of service data and other types of data, as required through an OMB-approved data package.

D. Staff, Management, and Relevant Experience (10 Points)

- Describe a staffing plan adequate to accomplish the goals specified above in “Proposed Approach,” including identification of existing staff with background and experience capable of performing required staff roles and/or description of staff positions with expected qualifications.
- Indicate how the proposed TSA Center will support and promote cultural competence in the Center’s activities through staffing and/or training.
- Clearly delineate staff and other resources dedicated to support evaluation and data collection activities, including sufficient staff/resources to support data collection from treatment/service recipients, enter collected data into a clinical database, and support Network-wide data summarization and analyses. Indicate staff that will be dedicated to evaluation activities, including the implementation of cross-site evaluation, and describe their relevant experience with data collection, analysis, and the design and implementation of evaluation projects.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the review criteria listed above. For those programs where the individual award is over \$100,000, applications must also be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as indicated by a Peer Review Committee, which assigns a numerical evaluation score to the application based on the extent to which the application meets the project requirements as specified in this Request for Applications (RFA);
- Coverage by National Child Traumatic Stress Network Centers in the following priority areas of child and adolescent trauma: child abuse, traumatic loss and bereavement, medical trauma, interpersonal violence, mass trauma, and refugee trauma; and
- Availability of funds.

After applying the aforementioned criteria, the following method will be used for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application(s) that received the greatest number of points by peer reviewers on the evaluation criterion in Section V-1 with the highest number of possible points (Proposed Approach - 50 points). Should a tie still exist, the evaluation

criterion with the next highest possible point value will be used, continuing sequentially to the evaluation criterion with the lowest possible point value, should that be necessary to break all ties. If an evaluation criterion to be used for this purpose has the same number of possible points as another evaluation criterion, the criterion listed first in Section V-1 will be used first.

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- You must comply with terms and conditions of the grant award. Standard SAMHSA terms and conditions are available on SAMHSA's web site at www.samhsa.gov/grants/generalinfo/grants_management.aspx.
- Depending on issues with proposed project as identified during review, additional terms and conditions may be identified or negotiated with the grantee prior to grant award. These may include, for example:
 - actions required to be in compliance with 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.
- 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.
- 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. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

- Grantees must provide quarterly and final progress reports. The final progress report must summarize information from the quarterly reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- Grantees must provide annual and final financial status reports. These reports may be included as separate sections of annual and final progress reports or can be separate documents. Because SAMHSA is extremely interested in ensuring that treatment or prevention service efforts are sustained, your financial reports should explain plans to ensure the sustainability (see Appendix B: Glossary) of efforts initiated under this grant. Initial plans for sustainability should be described in year 1 of the grant. In each subsequent year, you should describe the status of the project, successes achieved and obstacles encountered in that year.
- SAMHSA will provide guidelines and requirements for these reports to grantees 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 the grantee’s progress toward meeting its goals.
- Grantees will participate in reporting requirements that will be established through the cross-site evaluation activities.
- Grantees will also produce an annual evaluation report that documents the local program outcomes as well as progress of the Center in meeting proposed goals and objectives.

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. These requirements are specified in Section 2.2 of this announcement.

CMHS is currently in the initial planning stages of implementing a web-based GPRA data collection and reporting system. Grantees may be asked in the future to submit their GPRA data electronically using this web-based system. All applicants must agree to comply with the web-based submission of performance data in their application. When development of the system is complete, grantees will be provided initial training and ongoing technical assistance in order to ensure a smooth transition to the electronic system and continued user support.

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions concerning program issues contact:

Malcolm Gordon, Ph.D.,
Division of Prevention, Traumatic Stress, and Special Programs,
Center for Mental Health Services
SAMHSA
1 Choke Cherry Road, Room 6-1005
Rockville, MD 20857
240-276-1856
malcolm.gordon@samhsa.hhs.gov

For questions on grants management issues, contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

Appendix A- Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

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

- Use the PHS 5161-1 application.
- Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under "Guidance for Electronic Submission of Applications.")
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements in Section IV-2.3 of this announcement under "Guidance for Electronic Submission of Applications.")
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

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. These are:
 - Face Page (Standard Form 424, 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 (a form within PHS 5161-1)
 - 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, participant protection and the protection of human subjects specified in Section IV-2.4 of the FY 2005 standard funding announcements.
 - Budgetary limitations as specified in Section I, II, and IV-5 of the FY 2005 standard funding announcements.
 - 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.

- Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. 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 the specific funding announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in the funding announcement. 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 – Glossary

Best Practice: Best practices are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.

Catchment Area: A catchment area is the geographic area from which the target population to be served by a program will be drawn.

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cost Sharing or Matching: Cost sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost sharing or matching is not required, and applications will not be screened out on the basis of cost sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and this information may be considered by reviewers in evaluating the quality of the application.

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at <http://tecatsri.org> or by calling (617) 876-0426.

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. More information

on how to develop logics models and examples can be found through the resources listed in Appendix G.

Practice: A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness, collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

Practice Support System: This term refers to contextual factors that affect practice delivery and effectiveness in the pre-adoption phase, delivery phase, and post-delivery phase, such as a) community collaboration and consensus building, b) training and overall readiness of those implementing the practice, and c) sufficient ongoing supervision for those implementing the practice.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Wraparound Service: Wraparound services are non-clinical supportive services—such as child care, vocational, educational, and transportation services—that are designed to improve the individual’s access to and retention in the proposed project.

Appendix C – Areas of Budget Consideration

Note: Information in this appendix is provided for planning purposes. Unless otherwise referenced in the RFA, budget percentages and dollar ranges are approximate amounts for consideration when developing program plans and are not program requirements.

Budget Area	Activities	Percentage Range of Budget	Dollar Range of Budget (TC)
<i>Network Collaboration</i>	Participation in National Child Traumatic Stress Initiative committees, communication with other TSA and CTS centers regarding Network activities	At least 20%	\$120,000
<i>Treatment and Service Product Development and Dissemination</i>	Writing treatment and service manuals or other training/educational materials, production costs for intervention materials in print or other media	15-30%	\$90,000 to \$180,000
<i>Training and Consultation</i>	Training service providers to implement treatment and services approaches, evaluating adaptation of intervention approaches in community or service system settings, consulting or collaborating with service provider organizations	20-50%	\$120,000 to \$300,000
<i>Evaluation/Data Collection</i>	Assessing impact of interventions developed in area of trauma expertise, assessing quality of interventions developed; support for Network-wide clinical data collection protocols and the core data set; and implementation and participation in cross site evaluation	10-20%	\$60,000 to \$120,000
<i>Direct Service Delivery</i>	Providing trauma-informed interventions in areas of expertise to inform intervention development, assessing trauma exposure or effects for treatment or referral	Maximum of 30%	\$180,000

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

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0
Fringe Benefits (25%)		\$10,500		

Travel

2 trips x 1 Evaluator (\$600 x 2)				\$ 1,200
per diem @ \$120 x 6				720
Supplies (General Office)				500
Evaluation Direct				\$54,920
Evaluation Indirect Costs (19%)				\$10,435
Evaluation Subtotal				\$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

Travel

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

Supplies

Office Supplies			\$ 500
Software (WordPerfect)			500

Other

Rent (500 Sq. Ft. x \$9.95)			\$ 4,975
Telephone			500
Maintenance (e.g., van)			\$ 2,500
Audit			\$ 3,000

Training Direct	\$ 40,025
Training Indirect	\$ -0-

Enter Contractual subtotal on 424A, Section B, 6.f. \$105,380

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

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$180,100 is effective for all FY 2005 awards.) *

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

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.

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

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

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

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

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

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A,

Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.