

**Department of Health and Human Services
Substance Abuse and Mental Health Services Administration**

**National Child Traumatic Stress Initiative – Category II
Treatment and Services Adaptation Centers
(Modification)**

Request for Applications (RFA) No. SM- 09-005

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

Key Dates:

Application Deadline	Applications are due by May 13, 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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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Treatment and Service Adaptation Center cooperative agreements through the National Child Traumatic Stress Initiative. The purpose of this program is to 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 thereby improving treatment and services for 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. SAMHSA/CMHS is especially interested in applications focused on the role of resiliency in recovery from trauma as well as applications from applicants with prior experience in the NCTSI and extensive experience in the field of trauma-related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings.

Funding Opportunity Title:	NCTSI Treatment and Services (TSA) Centers
Funding Opportunity Number:	SM-09-005
Due Date for Applications:	May 13, 2009
Anticipated Total Available Funding:	\$4.8 million
Estimated Number of Awards:	8
Estimated Award Amount:	Up to \$600,000 per year
Length of Project Period:	Up to 3 years
Eligible Applicants:	Domestic public and private non-profit entities [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2009 for Treatment and Service Adaptation Center cooperative agreements through the National Child Traumatic Stress Initiative. The purpose of this program is to 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 thereby improving treatment and services for 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. SAMHSA/CMHS is especially interested in applications focused on the role of resiliency in recovery from trauma as well as applications from applicants with prior experience in the NCTSI and extensive experience in the field of trauma-related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings.

The purpose of the NCTSI Treatment and Service Adaptation Centers is to provide national expertise and 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. Treatment and Service Adaptation Centers are a category (Category II) of cooperative agreements under SAMHSA's larger National Child Traumatic Stress Initiative (NCTSI).

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

1. The National Center for Child Traumatic Stress - (Category I) 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 - (Category II) 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 - (Category III) 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.

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

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

NCTSI Treatment and Service Adaptation grants are authorized under Section 582 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

TSA Centers are expected to have and facilitate the development of national 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. Areas of trauma for Treatment and Service Adaptation Centers can be:

- Interventions for types of trauma most frequently experienced by children and adolescents, such as child abuse, domestic violence, or traumatic loss, and natural or man-made disasters, which can also include interventions for service systems that are most frequently involved with the types of trauma, such as law enforcement or domestic violence shelters for domestic violence;

- Types of trauma interventions that follow the time course of the development of traumatic stress reactions or modality of intervention delivery; such as acute and early interventions, trauma-focused brief or structured treatment, treatment of complex trauma, and family treatment approaches;
- Treatment and services to traumatized populations with special intervention needs, such as preschool children, adolescents, refugee youth, rural youth, or urban youth in areas of high community violence or;
- Development of trauma interventions and trauma-informed services in specific service systems with multiple types of trauma or high prevalence of trauma in their service populations, such as juvenile justice settings, emergency medical settings, child welfare or schools.

2.1 Required Activities

NCTSI Treatment and Service Adaptation grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Needs assessment
- Identification, adaptation and evaluation of trauma-informed treatment and services approaches
- Development of interagency coordination mechanisms
- Provider/network development including implementation procedures, product development and dissemination planning
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements)
- Local evaluation plan development
- Workforce development (e.g., training, technical assistance support for licensure, credentialing, or accreditation)

TSA centers are required to work 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 Centers 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.

TSA Centers are required to collaborate with CTS Centers, the National Center, other TSA Centers and service provider partners in community-based agencies and service systems across the country.

TSA Centers are required to collaborate with Service Provider Partners by:

1. developing, adapting, evaluating and disseminating treatment and services based on feedback and evaluation results from community and service system practitioners, so intervention models are effective in local communities;
2. collaborating with service provider agencies to ensure meaningful participation of CTS Centers and other service provision agencies;
3. providing Governmental and national organizations the opportunity to provide input into the development, adaptation, evaluation and dissemination of intervention approaches and products; and
4. allocating sufficient budgetary and staff resources to ensure a significant level of involvement of service provider partners within the Network.

TSA Centers are required to collaborate with the National Center for Child Traumatic Stress and other Centers within the National Child Traumatic Stress Network by:

1. working collaboratively with the National Center for Child Traumatic Stress (NCCTS) and other TSA and CTS Centers by combining their expertise, experience and resources to advance NCTSN approaches to assessment, intervention, evaluation, training, implementation and dissemination;
2. providing leadership for NCTSN committees and workgroups relevant to the targeted area of trauma/population;
3. dedicating sufficient staff expertise, staff time and budgetary resources to collaborate with other Network members in the development, evaluation and improvement of NCTSN-wide protocols/guidelines to improve the effective operation of the NCTSN; and
4. adopting the protocols, guidelines and intervention strategies developed by the NCTSN.

A key requirement of TSA Centers is to identify empirically based treatment and service approaches that can “take root” in community settings across the country. TSA Centers should continue to develop treatment and service approaches 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.

SAMHSA’s Treatment and Service Adaptation Center grants will also support the following types of activities:

- developing procedures to obtain input from diverse cultural/social groups when designing interventions for diverse populations; and
- addressing cultural and social diversity in the development, implementation, evaluation and dissemination of assessments, data collection procedures and interventions. For example, TSA Centers seek consumer guidance regarding the need for trauma-informed interventions, the content of treatment and services, the acceptability of interventions, the procedures used to engage consumers in trauma services, the adequacy of evaluation design, and the effectiveness of dissemination methods.

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).

2.2 Allowable Activities

SAMHSA's TSA Centers will also support the following types of activities:

- involving consumer constituency groups, including both service recipients (children/adolescents and their families) and community service providers in all aspects of Center activities;
- limited direct service delivery for the specific purpose of refining treatment and service approaches in areas of trauma responsibility (e.g., to develop assessment procedures or to gain clinical insight into intervention processes). Usual service provision should not be supported by TSA grant funds.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act of 1993 (GPRA). All TSA Centers are expected to assist SAMHSA, the National Center, and the cross-site evaluation contractor in reporting on the performance of the Network in accomplishing the following GPRA goals:

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

Additionally, each TSA Center will be required to report its performance for the following activities in quarterly and annual progress reports (as described in Section VI-3.1) or through ongoing data entry into NCTSI data collection instruments:

- development, standardization, implementation, evaluation, modification, and dissemination of effective treatment and trauma-informed services in its area of trauma expertise;
- development and completion of products in its area of trauma responsibility;
- training and other support to service agencies for the purpose of implementing effective treatment and service approaches in its area of trauma expertise;
- the number of traumatized children and adolescents that receive trauma-focused treatment and services at the TSA Center and its non-NCTSN service partners;
- the number of traumatized children and adolescents who are receiving services at the TSA Center that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance);
- the number of community and service system sites using intervention products developed by the TSA Center.

Transformation Accountability System (TRAC)

The Transformation Accountability System (TRAC) is a web-based data entry and reporting system established by CMHS as data repository for program performance measures. Performance measures are collected as part of CMHS' effort to promote accountability within its programs. This effort is mandated by the Government and Performance Results Act (GPRA) and the Office of Management and Budget's (OMB) Program Analysis Review Tool (PART). SAMHSA has developed a common set of National Outcome Measures (NOMs) to be used by all programs that deliver direct treatment services. Data must be collected and entered into TRAC on a timely basis using tools designated by SAMHSA. The existing services data collection instrument for the Child Consumer Outcome measures for Discretionary Programs instrument is <https://www.cmhsgpra.samhsa.gov/TracPRD/view/docs/TRACChildNOMsCaregiver-Eng.pdf>. Other instruments are under development.

Grantees will be required to report performance on infrastructure development. These measures are currently under development, but will most likely be derived from the following domains: policy development; workforce development; financing; organizational restructuring; accountability; types/targets of practices, and cost efficiency. The measures and data collection instruments are expected to be implemented by mid FY 2010. Performance information may be gathered from administrative data and/or from data the grantee will be required to collect. Data collected will be entered into the CMHS Transformation Accountability (TRAC) web-based system on an annual basis on data collection forms which are also under development. Initial training and ongoing technical assistance on the use of the TRAC system will be provided.

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

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in "Section D: Performance Assessment and Data" of your application.

Grantees will be required to report data to SAMHSA on a timely basis using tools designated by SAMHSA for data collection, including those referenced below.

Consumer Outcomes

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

The Core Data Set

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

TSA Centers are required to contribute to the CDS if they are providing direct clinical services related to the development and/or modification of an intervention or practice. TSA Centers are expected to support CDS efforts by encouraging collaborative partners they train, such as CTS Centers, community-based agencies, and service systems, to comply with CDS requirements. TSA Centers must incorporate information regarding the CDS into their intervention training and dissemination efforts. TSA Centers providing on-going implementation training to community-based agencies and service systems throughout the country must also support the effort of their partners to become more data informed through implementation of the CDS.

2.4 Performance Assessment

Internal Program Evaluation

Grantees are required to evaluate their projects at the local level. Authorizing language for the program, PHS Sec. 582 (d) Evaluation, indicates.—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period.

Grantees must evaluate their projects. Applicants are required to describe their internal program process and outcome evaluation plans in their applications. An internal program evaluation should document the grantee's efforts to make specialized adaptations of effective treatment and service approaches for communities and service systems across the country. The evaluation should also be designed to provide regular feedback to the project to improve the development and adaptation of trauma-informed practices and interventions, as well as dissemination and training efforts to further the implementation of trauma-informed practices and interventions.

TSA Centers are expected to collaborate with the NCCTS, other Network Centers, partnering service programs, and provider and service recipient consumers to ensure their internal program evaluation data collection protocols include data elements developed by the Network. TSA Centers are expected to contribute to the development of Network data elements related to

- the acceptability and usability of trauma interventions developed or promoted through training by the NCTSN among service practitioners in the community;
- indicators for assessment/monitoring of intervention progress, especially to establish intensity of interventions needed or the need for alternative intervention approaches if progress is not satisfactory;
- successes and difficulties in implementing NCTSN-developed or other trauma interventions across a range of service settings and with different populations of traumatized children/adolescents or with different clinical presentations;
- data collected during and following up on NCTSN-provided training to assess the effectiveness of training of practitioners to competently implement trauma interventions; and
- outcome data on the effectiveness of trauma services received in reducing/ameliorating the effects of trauma on children/adolescents, including data on engagement in treatment and maintaining children/adolescents/families in a course of treatment to completion; this type of data collection should also provide information on which types of clients/problems/other issues do well or not so well as a result of the intervention approach.

While data collection may serve multiple purposes and meet several evaluation/monitoring needs, internal program evaluation efforts should not duplicate cooperative agreement performance monitoring or National Cross-Site Evaluation activities. Grantees are required to produce an annual evaluation report that documents internal program evaluation outcomes as well as progress of the Center in meeting proposed goals and objectives.

Cross-Site Evaluation

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

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

At a minimum, the performance assessment should include the required performance measures identified above. Grantees may also consider outcome and process questions, such as the following:

Outcome Questions:

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

Process Questions:

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

[Describe when and how often the performance assessment should be completed, and when it should be submitted.]

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.

2.5 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to the annual “All Network” grantee meeting and must include funding for this travel in the proposed budget. Annual All Network meetings are approximately 2½ to 3 days in length. Attendance at the meeting is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$4.8 million
Estimated Number of Awards:	8
Estimated Award Amount:	Up to \$600,000 per year
Length of Project Period:	Up to 3 Years

Proposed budgets cannot exceed \$600,000 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:

Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are outlined below:

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);
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- Support and participate in collaborative activities and network meetings;
- Consult with community practitioners and CTS Center to improve and document Network effectiveness.
- Respond to requests for information from CMHS;
- As appropriate, author or co-author publications on program findings;
- 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.

Role of SAMHSA 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.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; community- and faith-based organizations; outpatient clinics, psychiatric or general hospitals; and partnerships of multiple clinical centers, programs, and or community service providers may apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval. The statutory authority for this program prohibits grants to for-profit agencies.

Applicants may also apply for the NCTSI Community Treatment and Services (CTS) Centers cooperative agreements. If approved for funding in more than one National Child Traumatic Stress Initiative program, an award may be made in only one of the programs. NCTSI grantees whose awards are ending in FY 2009 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 and MATCH REQUIREMENTS

Cost sharing is not required in this program. However, applicants may include cash or in-kind contributions in their proposal as evidence of commitment to the proposed project.

3. OTHER

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

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

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

2.2 Required Application Components

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

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix G](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 4** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendix 2. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - Appendix 1: Letters of Support, 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. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form..
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on May 13, 2009. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

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

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

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

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

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SM-09-005. 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. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-09-005. 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.

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).

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

In addition, SAMHSA's **Treatment and Service Adaptation Center** grant recipients must comply with the following funding restrictions:

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

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

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

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

Please refer to [Appendix B](#) for detailed instructions on submitting your application electronically.

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**NCTSI Treatment and Service Adaptation Centers, RFA No. SM-09-005**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

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

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

Section A: Background, Experience, and Need (10 points)

- Identify which area of trauma your project proposes to address.
- 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.
- Identify key staff within your organization and describe their responsibilities in developing, standardizing, evaluating, training, and disseminating effective interventions and public and professional resources in your proposed area(s) of trauma expertise.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. Tribal applicants must provide similar documentation relating to tribal priorities.

Section B: Proposed Approach (40 points)

Treatment and Service Adaptation

- Describe a plan to partner with other Network Centers and use of the collaborative committee organization of the National Child Traumatic Stress Network (NCTSN) to identify, adapt, and standardize the most critical and/or promising 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 Community Treatment 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.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender and socioeconomic status in the population(s) you intend to serve.
- Describe the potential barriers to successful completion of the proposed project and how you will overcome them.
- SAMHSA discourages the use of seclusion and restraint and expects grantees to reduce and work towards eliminating seclusion and restraint practices. Describe your policies on reducing and eliminating seclusion and restraint, any conditions under which seclusion and restraint would be used, and what alternatives to seclusion and restraint you will be employing.

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 the identified area 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. Include letters of commitment/coordination/support from organizations/groups in Appendix 1 of your application.

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 trauma-informed 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 Involvement

- Identify and describe how the proposed TSA Center will create liaisons with important professional providers 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.

Collaboration

- Identify CTS centers with whom you will partner or service systems partnerships you have established and procedures to collaborate with service provider agencies in developing, adapting, evaluating, and disseminating intervention approaches and products in the identified area of trauma expertise. Describe the budgetary and staff resources that will be allocated to these activities.
- Describe how your center will provide leadership within the NCTSN, including plans to lead and staff Network committees and/or workgroups relevant to your trauma expertise and plans to recruit and involve other Network Centers in committee and/or workgroup activities.
- Describe staff expertise, staff time, and budgetary resources you will dedicate to collaborative activities with the NCCTS and other NCTSN Centers. Such collaborative activities include addressing Network-wide operational issues and improving the effectiveness of the NCTSN interventions.
- Describe how your center will integrate NCTSN-developed protocols, guidelines, and intervention strategies into your center's operations.
- Describe how your center will 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.

Section C: Staff, Management, and Relevant Experience (35 points)

- 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.
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations.
- 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. Include the Project Director and other key personnel, such as the evaluator and treatment /prevention personnel. Also include the level of effort proposed for each staff member.
- Indicate how the proposed TSA Center will support and promote cultural competence in the center's activities through staffing and/or training.
- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- 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.

Section D: Performance Assessment and Data (15 points)

- Describe your comprehensive evaluation plan. Describe your plans to devote the staff and resources necessary to: 1) conduct internal program process and outcome evaluations; 2) submit data directly or promote the entry of client-level data into the Core Data Set (CDS) or other Network data sets; 3) fully participate in the NCTSI Cross-site Evaluation (CSE); and 4) comply with GPRA reporting requirements through CMHS' TRAC.
- Describe the resources that will be used to obtain required IRB clearances for ongoing contribution to the CDS and full participation in the CSE, if applicable. Name the IRB entity that will be utilized. Additional information on IRB approval for CDS and CSE activities can be found in the Resource Guide for Applicants and the NCTSN Web site at www.NCTSN.org (see "Resource Materials for 2009 Grant Applicants" under New Resources).
- Describe how data collection and evaluation results will be utilized to inform project improvements and clinical decision-making. Be sure to link internal program evaluation efforts to data collection and reporting requirements (the Core Data Set, the National Cross-site Evaluation, GPRA/TRAC data, and Quarterly and Annual Reports).
- Provide a logic model (see Appendix D – Logic Model Resources) for the evaluation of your center's project activities. Include your measures for evaluating the effectiveness of interventions, implementation and/or dissemination of trauma-informed interventions, and other implementation activities (e.g., training, stakeholder involvement, etc.).

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

SUPPORTING DOCUMENTATION

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

Section F: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in [Appendix G](#) of this document.

Section G: Biographical Sketches and Job Descriptions.

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

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

Confidentiality and Participant Protection:

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

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See [Appendix E](#): Confidentiality and Participant Protection.)
- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in Appendix 2 of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in Appendix 3 of your application, “Sample Consent Forms.” If needed, give English translations.
- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under "Applying for a New SAMHSA Grant," <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or <mailto:ohrp@osophs.dhhs.gov>, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services National Advisory Council;
- availability of funds;
- Preference will be given to applications focused on the role of resiliency in recovery from trauma as well as applications from applicants with prior experience in the NCTSI and extensive experience in the field of trauma-related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings.
- No single applicant will be awarded more than one NCTSI grant. If an applicant has a fundable application in response to both the TSA and CTS Center RFAs or in more than one TSA area. SAMHSA will determine which grant to award based on program consideration.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- Grantees must provide quarterly, annual 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 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. The performance requirements for SAMHSA’s Treatment and Services Adaptation Centers grant program are described in Section I-2.3 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Wendy Davis
Project Officer
Division of Prevention, Traumatic Stress, and Special Programs (DPTSSP)
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857
(240) 276-0571
<mailto:wendy.davis@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
<mailto:gwendolyn.simpson@samhsa.hhs.gov>

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

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

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

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

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

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

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

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
-

Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed 12,875] words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Appendices 1-3”, “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. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

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

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications
For other delivery services, change the zip code to 20850.

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

Appendix C – Sample Logic Model

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

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

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

Examples of **Inputs** depicted in the sample logic model include Federal policies, funding, and requirements; federally sponsored technical assistance; site-specific context items (e.g., populations; site characteristics, e.g., political and geographical; previous activities, policies, etc.; infrastructure, e.g., planning capability & other resources; pre-existing outcomes); and performance data.

Examples of **Strategies** depicted in the sample logic model that are developed as a result of these inputs include initial grant activities, e.g., formation of a steering committee, etc., which in turn leads to a needs assessment and inventory of resources (e.g., development process and conclusion). This in turn leads to a strategic plan (e.g., development process and content). Finally, these strategies result in change/project management mechanisms.

Examples of the **Infrastructure Changes** depicted in the sample logic model that result from the strategies discussed above include such things as policy changes, workforce training, financing changes, organizational changes, improved data collection and use, and changes to service delivery.

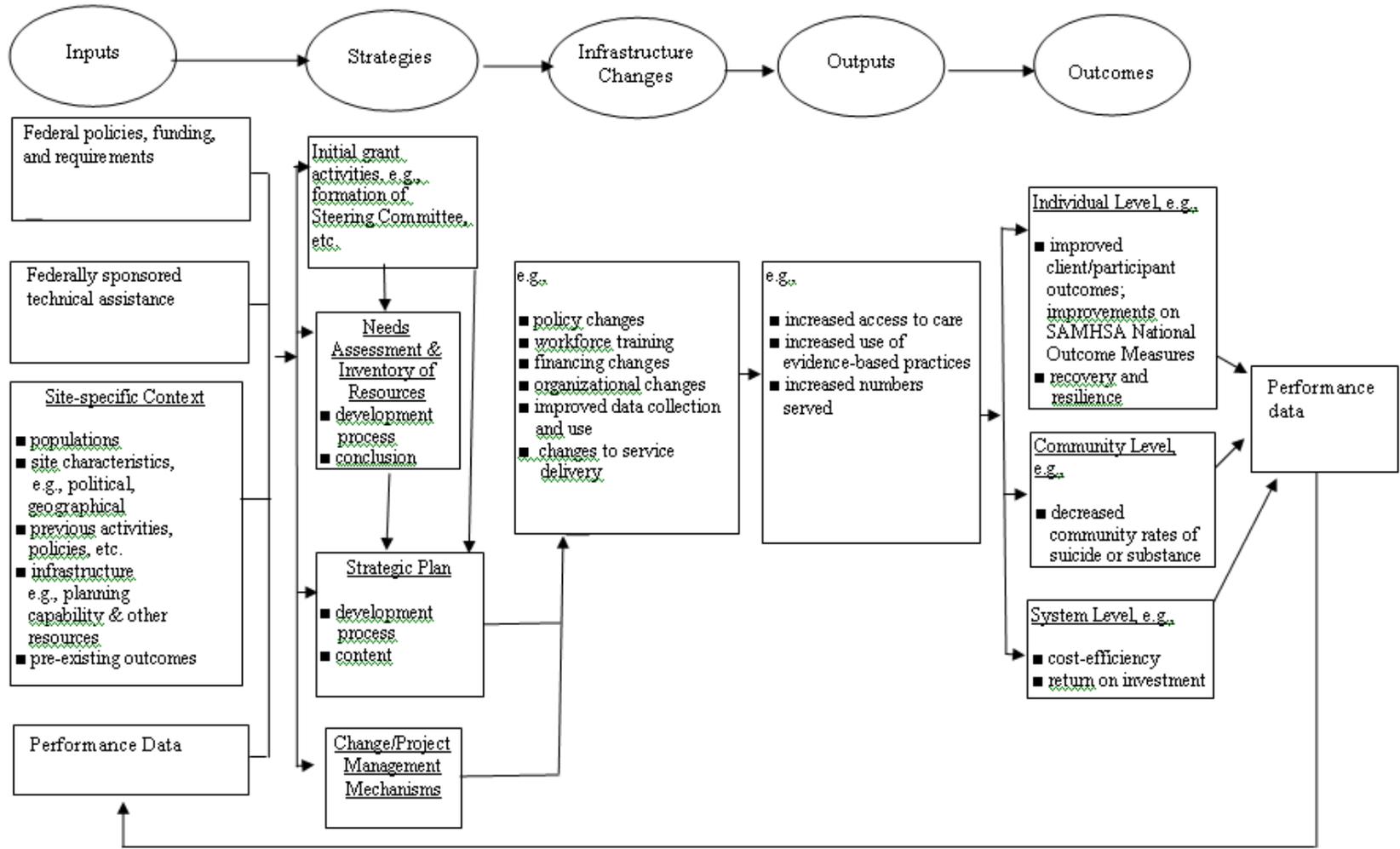
Outputs from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

These outputs lead to **Outcomes** at the individual level, community level, and system level. Examples of individual level outcomes depicted in the sample logic model include improved client/participant outcomes; improvements on SAMHSA National Outcomes Measures; and recovery and resilience. Community level outcomes depicted include decreased community rates of suicide or substance abuse. System level outcomes depicted include cost-efficiency and return on investment.

The outcomes produce performance data which lead back to the performance data under **Inputs** in the sample logic model, as performance data both result from and inform the process.

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

Sample Infrastructure Logic Model



Appendix D – Logic Model Resources

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

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

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

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

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

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

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (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 E – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.

- Possible risks from participation in the project.
- Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

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

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

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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

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

Appendix F – Funding Restrictions

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

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

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

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

Appendix G – 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

Purpose of Travel	Location	Item	Rate	Cost
		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

Name	Service	Rate	Other	Cost
			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**