

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

**Cooperative Agreements for State/Community Partnerships  
to Integrate Services and Supports for Youth and Young  
Adults 16-25 with Serious Mental Health Conditions  
And Their Families**

**Short Title: Healthy Transitions Initiative  
(Initial Announcement)**

**Request for Applications (RFA) No. SM-09-008**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 20, 2009</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2009 for Cooperative Agreements for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults 16-25 with Serious Mental Health Conditions, and Their Families (Healthy Transitions Initiative). Young people with serious mental health conditions, particularly those involved with the public mental health system, often face a more difficult transition to adulthood and the successful assumption of adult roles and responsibilities compared to their peers with or without other disabilities. The Healthy Transitions Initiative will create developmentally-appropriate and effective youth-guided local systems of care to improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal justice system. These local systems will be linked and integrated at the State/tribal level in order to effect policy change and replication Statewide.

<b>Funding Opportunity Title:</b>	Cooperative Agreements for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults 16-25 with Serious Mental Health Conditions, and Their Families (Healthy Transitions Initiative)
<b>Funding Opportunity Number:</b>	SM-09-008
<b>Due Date for Applications:</b>	May 20, 2009
<b>Anticipated Total Available Funding:</b>	\$3.360 million
<b>Estimated Number of Awards:</b>	7
<b>Estimated Award Amount:</b>	\$480,000
<b>Length of Project Period:</b>	Up to 5 years
<b>Eligible Applicants:</b>	Eligible applicants are State governments and federally recognized American Indian/Alaska Native (AI/AN) Tribes and Tribal organizations. [See Section III-1 of this RFA for complete eligibility information.]

# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2009 for Cooperative Agreements for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults 16-25 with Serious Mental Health Conditions, and Their Families (Healthy Transitions Initiative). Young people with serious mental health conditions, particularly those involved with the public mental health system, often face a more difficult transition to adulthood and the successful assumption of adult roles and responsibilities compared to their peers with or without other disabilities. The Healthy Transitions Initiative will create developmentally-appropriate and effective youth-guided local systems of care to improve outcomes for youth and young adults with serious mental health conditions in areas such as education, employment, housing, mental health and co-occurring disorders, and decrease contacts with the juvenile and criminal justice system. These local systems will be linked and integrated at the State/tribal/territorial levels in order to effect policy change and replication Statewide.

Failure to adequately address the system and service needs of these emerging adults has resulted in an increase in the prevalence of secondary school dropout, under- and unemployment, contacts with the juvenile or criminal justice system, early and unplanned pregnancy, and homelessness. In addition, the risk of poor outcomes in emerging adults with a serious emotional disturbance (SED) or serious mental illness (SMI) is exacerbated by higher rates of co-occurring substance use disorders among the transition age youth population than among any other age group with serious mental health challenges.

The unique service needs of these young adults extend beyond those of children and younger adolescents, and they differ from those of adults. While these youth have ongoing needs for clinical services, they also have significant needs for support services that facilitate independent living and the ability to make wise choices as young adults. Youth who age out of child-serving systems may have difficulty obtaining services in adult systems. They often encounter a reduction or elimination of services when services available to children and adolescents are no longer accessible to them. Support services that assist youth with independent living address needs for housing, employment, education, basic living skills, and social support. Relationships established with trusted providers may be lost when providers specializing in services for children and youth can no longer be used. While these types of services may be available through various organizations in a community, they are generally not available in a coordinated manner. Systems of care that provide this type of coordination are an important and essential source of support for the service needs of these emerging adults. To ensure that systems of care are youth-guided and support youth transition to adulthood, partners from family, youth, and adult consumer organizations or stakeholders must be included in the development of coordinated, quality services and systems of care.

The *Healthy Transitions Initiative* will award cooperative agreements to States, Tribes and tribal organizations. (For the purpose of this RFA, use of the word “State(s)” throughout this announcement includes the Territories listed in Section III-1, Eligible Applicants.) Applicants

are expected to select a locality in which to implement a comprehensive service delivery program that includes a strategic plan for promoting the successful transition to adulthood for youth and young adults with serious mental health conditions. In addition, successful applicants will be expected to develop policies, financial mechanisms and other reforms to improve the integration, efficiency and sustainability of these newly integrated systems of care. The population of focus includes youth and young adults ages 16-25 with a serious emotional disturbance or a serious mental illness. (See Appendix G for definitions of “serious emotional disturbance” and “serious mental illness.”)

The Healthy Transitions Initiative is one of SAMHSA’s services grant programs. SAMHSA’s services grants are designed to address gaps in mental health services and to increase the ability of States, Territories, and American Indian/Alaska Native Tribes and tribal organizations to help specific populations or geographic areas with existing and emerging serious mental health conditions. SAMHSA intends that its services grants result in the delivery of services and collection of baseline data by the 6<sup>th</sup> month of the project at the latest.

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

## **2. EXPECTATIONS**

SAMHSA expects grantees to implement an array of integrated services designed to improve the mental health and well being of youth and young adults 16-25 as they transition to adulthood.

The State/Tribe as the recipient of Healthy Transitions Initiative funding is responsible for fiscal oversight of the project. The following are percentage break-downs for expected grant allocations: 60% for direct service at the local level; 20% for State and/or local infrastructure; and 20% for evaluation. The State/Tribal leadership must work closely with the selected locality to ensure that planning and policy reforms at the State/Tribal level are consistent with and supportive of work at the local level. Key activities at the local level will be carried out by an Interagency Youth Transition Team. At the State/Tribe level there will also be an Interagency Youth Transition Team to address issues of policy reform, service expansion and sustainability. Each of these teams will consist of individuals from relevant agencies including, but not limited to, mental health, primary care, child welfare, juvenile and criminal justice, education, employment, housing, substance abuse, Medicaid and youth and adult consumer and family representatives or organizations.

Applicants must include (in Appendix 6) a Memorandum of Understanding (MOU) between the child mental health system and the adult mental health system at the State/Tribal level that includes specific examples of how entities will partner ( including responsibilities, assurances and contributions of each entity) throughout the life of the grant to ensure accessibility, continuity of care and a seamless process of transition to adulthood for the population of focus, as well as a plan for sustainability after Federal funds expire. The assurances will reinforce the applicant’s ability to:

- Develop and implement policies and procedures for successful transition of youth and young adults with serious mental health conditions to adulthood.
- Exchange all relevant information regarding transition planning necessary to assure accessibility and continuity of care after the young person's 18th birthday.
- Share responsibility for developing a transition plan and collaborating on the development of funding resources to support and sustain a smooth transition process.
- Monitor and review policies and procedures on at least a semi-annual basis.

Applicants must identify a Youth Transition Coordinator to manage the project at the local level. The Coordinator should have experience coordinating projects across local service systems and expertise in the field of youth and young adults with serious mental health conditions. The Coordinator will be expected to work closely with the State/Tribal level Youth Transition Coordinator (Project Director).

The following guiding principles will provide a framework for all activities associated with the Healthy Transitions Initiative:

- Services are strength-based and designed to assist transition age youth in becoming empowered, healthy, confident, capable adults through housing; employment; education; peer, family, social and community supports; and other mechanisms that support independent adult living.
- Youth voice and youth participation are meaningfully integrated into all grant activities. Policies, services and supports are youth-guided and provide for continuity of care between child- and adult-serving systems to ensure seamless transition.
- Continuity of care and opportunities for seamless transition from child- to adult-serving systems and to adult roles and responsibilities are a priority in service development and program model implementation.
- To ensure sustainability, Statewide transition planning activities must include partnerships across child and adult systems and allied partners (including youth, family members, and adult consumers.)
- Services must be delivered in a way that incorporates the unique characteristics of the community/population to be served.
- Young adults will be able to determine the services and supports that they believe are culturally and linguistically appropriate and best meet their needs. (See Appendix H: Youth-Guided Care Definition.)

## Required Activities

SAMHSA's Healthy Transitions Initiative grant funds must be used primarily to support allowable direct services. Services provided should support youth and young adults in making the transition from the services and supports received as a child and youth to the services and supports received as an adult. Grantees are also expected to use their funds to link with other agencies and revenue streams to provide the required services. Services should include:

- outreach and engagement
- thorough assessment of individual strengths and needs (including differential diagnosis of traumatic brain injury and developmental disabilities, with accompanying referral and follow-up to assure receipt of appropriate services)
- age-appropriate mental healthcare, including transition from the child mental health system to adulthood and independent functioning or if necessary, to the adult mental health system
- assistance with housing needs
- vocational training, career development, and employment support services
- educational support services
- services to help develop and nurture instrumental living skills and proper socialization
- family and integrated peer (youth, young adults and adult consumers) supports in outreach, services, and community integration activities; and,
- care management or service coordination

The required services listed above should be integrated, when appropriate, with established alternative traditional healing practices of racial and ethnic minority groups represented in the community, especially if there are indications that such integration will reduce racial or ethnic disparities in mental health care.

To ensure the efficacy of the delivery of services listed above, grantees will be required to select an existing model program to implement and evaluate in one or more communities. Only program models for which all of the following already exist may be selected:

- Program manual
- Fidelity scale
- Previously tested outcomes

Five program models meeting these requirements were developed through SAMHSA's previous Partnerships for Youth Transition (PYT) grant program; applicants can view the program manuals, cross-site fidelity scale and outcome assessment package from PYT on the Web site at <http://nnyt.fmhi.usf.edu>. Program models other than those developed under PYT that meet the requirements listed above may also be selected. If a program model other than those developed under PYT is selected, you must follow the guidelines outlined below in Section 2.1 – Program Model Selection.

## 2.1 Program Model Selection

SAMHSA's services grants are intended to fund services or practices that have demonstrated successful outcomes and that are appropriate for the population of focus. In your application, you must:

- Identify the program model you propose to implement.
- Identify and discuss the evidence that shows that the program model is effective. [See note below.]
- Discuss the population(s) for which this program model has been shown to be effective and show that it is appropriate for your population(s) of focus. [See note below.]

**Applicants proposing to serve the population of focus with a program model other than those developed under SAMHSA's Partnerships for Youth Transition (PYT) grant program (See Section 1.2-Required Activities), must provide evidence that the model they propose is appropriate for the population of focus. Evidence for these models may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. Information in support of your proposed model needs to be sufficient to demonstrate the appropriateness of your model to the people reviewing your application.**

If a program model other than those developed under PYT is selected, you must:

- Document the evidence that the model you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the model you have chosen is consistent with the purpose and goals of this grant Initiative.
- Describe any modifications/adaptations you will need to make to this model to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your model in a way that is as close as possible to the original model. However, SAMHSA understands that you may need to make minor changes to the model to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed model that you believe are necessary for these purposes. You may describe your own experience either with the population of focus or in managing similar programs.
- Explain why you chose this model over other models.
- Provide copies of the program manual, fidelity scale, and previously tested outcome measures in **Appendix 7** of your application.

## **2.2 Infrastructure Development (maximum 20% of total grant award)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 20% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service and support service providers to enhance continuity of service delivery between child and adult serving systems.
- Collaborating with existing Federal grant programs and/or interagency teams serving the same population of focus such as State children’s cabinet youth council, shared youth vision team, State and local consumer and family organizations.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.
- Developing finance approaches that promote the provision of a seamless cross-agency service delivery system and enhance sustainability of the project after Federal funding expires.
- Ensuring the development, implementation and evaluation of cultural and linguistic competence at the system, organizational and direct service levels of care.
- Reviewing policies and regulations to improve transition services.
- Mechanisms to promote and sustain the youth voice, e.g., youth leadership development, development of youth mentoring programs, cross-mentoring and partnership development between adult consumer organizations and youth-guided activities, establishing permanent youth and family advisory bodies and self-help organizations/programs.
- Education, awareness building, and/or social marketing.
- Activities at the State/Tribal level to build capacity for appropriate and sustained service delivery to youth and young adults.

## **2.3 Data Collection and Performance Measurement**

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

Grantees will be required to report performance using the Adult Consumer NOMs Tool, which can be found at <https://www.cmhs-gpra.samhsa.gov/index.htm>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and every six months for the duration of the consumer’s treatment. Data are to be entered into the CMHS Transformation

Accountability (TRAC) Web system at <https://www.cmhs-gpra.samhsa.gov/index.htm>. Training and technical assistance related to TRAC data collection and reporting will be provided by the TRAC Help Desk, available through the Web site. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

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

In addition to TRAC measures, in order to demonstrate the effectiveness of the selected service model for the population of focus, grantees will be required to collect data from the implementation sites using an evaluation protocol that is developed by a Cross-site Evaluation Team (CET). The cross-site evaluation will be based on a cross-site program logic model and will include assessment of both program fidelity and program participant outcomes. This will require the grantee to collect and provide data to SAMHSA, or its designated contractor, using standard protocols to be developed by the cross-site evaluation contractor. The CET will provide training on data collection and the evaluation protocol to lead-trainers in the funded States who, in turn, will train on-site evaluation and data collection staff.

Program fidelity will be assessed through site visits conducted by the CET using the *Comprehensive Program for Transition-Age Youth Program Fidelity Assessment* developed through SAMHSA's previous Partnerships for Youth Transition grant program. Applicants can view the anchored scale and administration guide, as well as survey, interview, and documentation guides on the Web site at <http://nnyt.fmhi.usf.edu>. Grantees will be expected to assist the CET by making local logistical arrangements and providing access to needed materials and individuals both on-site and prior to and following the site visit. At most, program fidelity will be assessed once in the first or second year of the grant and reassessed once later during the grant period.

In addition to the Adult Consumer NOMs collected through TRAC, the CET will determine additional measures designed specifically to assess important outcomes for the population of focus that grantees will be required to use to collect data from program participants. The *Transition to Adulthood Assessment Protocol (TAAP)*, developed through SAMHSA's Partnerships for Youth Transition grant program, is one assessment instrument that the CET will consider; applicants can view the protocol on the website at <http://nnyt.fmhi.usf.edu>. Data will be collected for each program participant, at a minimum of, at baseline and at least every six months for two years regardless of whether or not they continue to receive program services. Grantees will be expected to clean and securely transfer required data to the CET, using protocols established by the CET, for cross-site analysis.

## **2.4 Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be

made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. This report should be completed and submitted annually as a separate document attached to the regular progress reports.

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 the 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)?

## **2.5 Grantee Meetings**

Grantees must plan to send a minimum of six people (including the Project Director, consumers, and other relevant State and local agency and service partners) to the following meetings which will take place in the Washington, D.C. area:

- 1) One 2-day strategic planning meeting in month 6 of year 1.
- 2) One additional 2-day grantee meeting for each of the remaining grant years.

Applicants must include a detailed budget and narrative for this travel in their budget. These meetings are usually held in the Washington, D.C. area and attendance is mandatory.

## **II. AWARD INFORMATION**

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$3.360 million

<b>Estimated Number of Awards:</b>	7
<b>Estimated Award Amount:</b>	\$480,000
<b>Length of Project Period:</b>	Up to 5 years

**Proposed budgets cannot exceed \$480,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### **Cooperative Agreement**

These awards are being made as cooperative agreements because they require substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

#### Role of Grantee:

- Comply with the terms and conditions of the agreement which will be specified in the Notice of Award (NoA);
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);
- Agree to participate in a cross-site evaluation, including collecting and providing data to SAMHSA or its designated contractor using standard protocols to be developed by the contractor;
- Develop, with guidance from the Technical Assistance Provider and the Government Project Officer (GPO), an overall strategic plan with implementation benchmarks.

#### Role of SAMHSA Staff:

- Monitor each grantee’s progress in the implementation of program requirements and provide direct assistance to advance the goals of the program and to improve the effectiveness of service delivery;
- Review and approve each stage of project implementation (e.g., continuation applications, proposed programmatic and budgetary modifications and key personnel staffing changes);
- Participate in making decisions with the grantee to help achieve project objectives;
- Approve decisions of each grantee regarding:
  - Hiring of key personnel
  - Use of technical assistance resources
  - Development and implementation of strategic plan
- Provide grantees with training and technical assistance to facilitate the planning, development, operation and sustainability of the initiative.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are State governments and federally recognized American Indian/Alaska Native (AI/AN) Tribes and Tribal organizations. Governments of the following Territories are also eligible to apply: Palau, Micronesia, Northern Mariana Islands, Marshall Islands, Virgin Islands, Puerto Rico, Guam, and American Samoa. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Eligibility is limited to States/Tribes/Territories because local systems of care must be linked and integrated at the State/Tribal/Territory level in order to effect policy change and replication Statewide.

#### **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

#### **3. OTHER**

##### **3.1 Additional Eligibility Requirements**

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

##### **3.2 Evidence of Experience and Credentials**

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

The three requirements are:

- A provider organization for direct services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/Tribal licensing, accreditation, and certification requirements, as of the due date of the application.

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

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

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

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

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

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

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

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

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

Additional materials available on this Web site include:

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

### **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

#### **2.1 Application Kit**

SAMHSA application kits include the following documents:

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

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

#### **2.2 Required Application Components**

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

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, 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 F of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Appendices 1 through 7**– 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, 4 and 6 combined. There are no page limitations for Appendices 2, 5 and 7. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.

- *Appendix 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
  - *Appendix 2:* Data Collection Instruments/Interview Protocols
  - *Appendix 3:* Sample Consent Forms
  - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
  - *Appendix 5:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
  - *Appendix 6:* Memorandum of Understanding between the State/Tribal/Territory child mental health system and the adult mental health system.
  - *Appendix 7:* A copy of the program manual, fidelity scale, and outcome assessment package that have been previously developed for the chosen program model or an Internet link to the documents.
- **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.
  - **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 20, 2009**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

SAMHSA will not accept or consider any applications sent by facsimile. SAMHSA accepts electronic submission of applications through [www.Grants.gov](http://www.Grants.gov). Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or Tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. SM-09-008. Change the zip code to **20850** if you are using another delivery service.

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

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA’s Web site at [www.samhsa.gov/grants/ssadirectory.pdf](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

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

Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-09-008. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

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

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

In addition, SAMHSA’s Healthy Transitions grant recipients must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment and participation in the cross-site evaluation.

**SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in Appendix E.**

## **6. OTHER SUBMISSION REQUIREMENTS**

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

### **Submission of Electronic Applications**

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

To submit an application electronically, you must use the [www.Grants.gov](http://www.Grants.gov) apply site. You will be able to download a copy of the application package from [www.Grants.gov](http://www.Grants.gov), complete it off-

line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

**Please refer to Appendix B for detailed instructions on submitting your application electronically.**

### **Submission of Paper Applications**

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

Send applications to the address below:

#### **For United States Postal Service:**

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Healthy Transitions Initiative SM-09-008**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at [www.samhsa.gov](http://www.samhsa.gov). Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections F-I and Appendices 1-6 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: Statement of Need (10 points)**

- Describe the population of focus and the geographic area(s) to be served, and justify the selection of both. Also include demographic information on the population of focus.
- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments, SAMHSA’s National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA’s National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

- 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. You may include, in **Appendix 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to Tribal priorities.
- Describe input you have received from mental health consumers, youth and family members regarding the need for this project.

**Section B: Proposed Program Model (20 points)**

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA’s goals for this program.
- Identify the program model that you propose to implement and the source of your information. (See Section I-2.1, Program Model Selection.) If the selected model is not one of the five developed under SAMHSA’s prior Partnerships for Youth Transition Program:
  - Briefly describe how the program model addresses the service areas identified in Section 1-2, Required Activities.
  - Provide the program manual, fidelity scale, and outcome assessment package that have been previously developed for the model or provide an Internet link to the documents in **Appendix 7** of your application.
- Discuss the evidence that shows that the selected program model is effective with your population of focus and is appropriate for the outcomes you want to achieve. If the evidence is limited or non-existent for your population of focus, provide other information to support your selection of the intervention for your population of focus.
- Demonstrate how the proposed program model will meet your goals and objectives. Identify and justify any modifications or adaptations you will need to make to the proposed program model to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this program model over other program models. Include a description of consumer, youth and family input you have received regarding the selection of the program model.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the population of focus, while retaining fidelity to the chosen program model.

**Section C: Proposed Implementation Approach (35 points)**

- Describe how the program model will be implemented.
- Describe mechanisms within the strategic planning process that will facilitate engagement and active involvement of youth, their families, and adult consumer and family member organizations in the Statewide transition team activities.
- Provide an initial list of proposed team members for the initial strategic planning meeting. The team member list should include representation of youth/young adults, family members, and adult consumers.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify the partner organizations that will participate in Statewide transition planning and implementation of the program model for youth in transition. List and describe the organizations that will represent each of the following groups in the strategic planning process: 1) substance abuse services, 2) foster care and/or child welfare, 3) the corporate or business community, 4) criminal justice and/or juvenile justice, 5) education or special education, 6) vocational rehabilitation, 7) housing providers, 8) community- and faith-based organizations representing the ethnic, racial, and cultural diversity of the geographic region in which the model will be implemented, 9) youth, their families, and adult consumer organizations, and 10) both State-level and community agencies. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from state and community organizations supporting the project in **Appendix 1**.
- 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.]
- Describe how the one or more communities were identified and selected to implement the service delivery model.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the population of focus will be identified, recruited, and retained.

- Discuss the language, beliefs, norms and values of the population of focus, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.
- Describe how project planning, implementation and assessment will include client input.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 6 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how you will use your funds to link with other agencies and revenue streams to sustain the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Describe the relationship between the local and State/Territorial/Tribe levels and how this relationship will be used for overall system reform efforts.

**Section D: Staff and Organizational Experience (20 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population of focus and ties to grassroots/community-based organizations that are rooted in the culture and language of the population of focus.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director, youth transition coordinator, lead evaluator, and consumers, youth and family members who will fulfill key staff roles.
- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilingual, describe how the staff is qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

## **Section E: Performance Assessment and Data (15 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 40% for infrastructure development and data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.
- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.
- Describe the role that consumers, youth and family members will have in designing and conducting the performance assessment, as well as in interpreting and disseminating the results.

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

## **SUPPORTING DOCUMENTATION**

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

**Section G:** Budget Justification, Existing Resources, Other Support. 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 infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix F of this document.

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

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

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

**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 F 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 F: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, “Sample Consent Forms.” If needed, give English translations.
- Discuss why the risks are reasonable compared to expected benefits from the project.

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

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

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

## **2. REVIEW AND SELECTION PROCESS**

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size; and.
- submission of a Memorandum of Understanding (MOU) between the child mental health system and the adult mental health system at the State/Territory/tribal level that includes specific examples of how entities will partner (including responsibilities, assurances and contributions of each entity) throughout the life of the grant to ensure accessibility, continuity of care and a seamless process of transition to adulthood for the population of focus as well as a plan for sustainability after Federal funds expire. The assurances will reinforce the applicant's ability to:
  - Develop and implement policies and procedures for successful transition of youth and young adults with serious mental health conditions to adulthood.
  - Exchange all relevant information regarding transition planning necessary to assure accessibility and continuity of care after the young person's 18th birthday.
  - Share responsibility for developing a transition plan and collaborating on the development of funding resources to support and sustain a smooth transition process.
  - Monitor and review policies and procedures on at least semi-annual basis.

## **VI. ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

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

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

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

## **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

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

## **3. REPORTING REQUIREMENTS**

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

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

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

### **3.2 Government Performance and Results Act (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 Cooperative Agreements for State/Community Partnerships to Integrate Services and Supports for Youth and Young Adults 16-25 with Serious Mental Health Conditions and Their Families 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:

Diane L. Sondheimer  
Child, Adolescent, and Family Branch  
Center for Mental Health Services  
1 Choke Cherry Road Room 6-1043  
Rockville, Maryland 20857  
(240) 276-1922 Phone  
(240) 276-1930 FAX  
[diane.sondheimer@samhsa.hhs.gov](mailto:diane.sondheimer@samhsa.hhs.gov)

Mary M. Blake  
Community Support Program Branch  
Center for Mental Health Services  
1 Choke Cherry Road  
Room 6-1009  
Rockville, MD 20857  
(240) 276-1747 Phone  
(240) 276-1970 FAX  
[mary.blake@samhsa.hhs.gov](mailto:mary.blake@samhsa.hhs.gov)

For questions on grants management issues contact:

Gwendolyn Simpson  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1085  
Rockville, Maryland 20857  
(240) 276-1408  
[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov)

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

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

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

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

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

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

## Appendix B – Guidance for Electronic Submission of Applications

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

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

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

**If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration. **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 **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not**

**be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. 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 – Statement of Assurance

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

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

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

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# Appendix D – Confidentiality and Participant Protection

## 1. Protect Clients and Staff from Potential Risks

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

## 2. Fair Selection of Participants

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

## 3. Absence of Coercion

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

amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

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

#### 4. Data Collection

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

#### 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

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

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

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

7. Risk/Benefit Discussion

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

**Protection of Human Subjects Regulations**

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

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

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

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

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

### Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION 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
Project 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 Project Director will provide daily oversight of the grant and will be considered a key staff. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. Key staff positions requires prior approval of resume and job description.

**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
Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			TOTAL	\$2,444

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

Cost for two staff 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 policies and procedures privately owned vehicle (POV) reimbursement rate.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF424A) **\$2,444**

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

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

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

**FEDERAL REQUEST**

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

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

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

\*Provide adequate justification for purchases.

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

**F. Contract:** A consultant is an individual retained to provide professional advice or services for a fee but usually not as an employee of the organization. The grantee must have policies and procedures governing their use of consultants that are consistently applied among all organization’s agreements.

**FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
<b>TOTAL</b>				<b>\$2,387</b>

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

This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee’s POV reimbursement rate.

**FEDERAL REQUEST**

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator \$25/hour x 115 hours	\$2,300
ABC, Inc.	Evaluation \$65/hr x 70 days	\$4,500
<b>TOTAL</b>		<b>\$6,800</b>

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

The Marketing Coordinator will develop a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

**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
Client Incentives	\$10/client follow up x 278 clients	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	<b>TOTAL</b>	<b>\$15,819</b>

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

Office space is included in the indirect cost rate agreement; however other rental costs are necessary for the project as well as telephone service to operate the project. The rent is calculated by square footage and reflects SAMHSA’s share of the space. The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations since mortgage costs are unallowable.

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

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

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

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

**BUDGET SUMMARY: (identical to SF-424A)**

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

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

**TOTAL PROJECT COSTS:** Sum of Total Direct Costs and Indirect Costs  
**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$100,000**

## Appendix G – Federal Definition of Population of Focus

The definitions of serious emotional disturbance and serious mental illness for the purpose of these cooperative agreements are extrapolated from the *Federal Register*, Vol. 58, No. 96, Thursday, May 20, 1993. The *Federal Register* differentiates serious emotional disturbance from serious mental illness on the basis of age. Persons up to age 18 who meet the criteria below are considered to have a serious emotional disturbance, although acknowledgement is made that some States include persons up to age 22 in this category. Persons age 18 and over who meet the criteria are considered to have a serious mental illness. Both definitions include the following criteria:

- Currently or at any time during the past year,
- Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV,
- That resulted in functional impairment.

These disorders include any mental disorder listed in DSM-IV, with the exception of DSM-IV “V” codes, Substance-related Disorders, and developmental disorders, which are excluded, unless they co-occur with other diagnosable serious emotional disturbance or serious mental illness. Excluded developmental disorders include Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, and Pervasive Developmental Disorders.

## Appendix H – Youth Guided Care Definition

<p><b><u>Youth Guided Individual</u></b></p>	<ul style="list-style-type: none"> <li>• Youth are engaged in the idea that change is possible in his or her life and the systems that serve him or her.</li> <li>• Youth need to feel safe, cared for, valued, useful and spiritually grounded.</li> <li>• The program needs to enable youth to learn and build skills that allow them to function and give back in their daily lives</li> <li>• There is a development and practice of leadership and advocacy skills, and a place where equal partnership is valued.</li> <li>• Youth are empowered in their planning process from the beginning and have a voice in what will work for them.</li> <li>• Youth receive training on systems players, their rights, purpose of the system and youth involvement and development opportunities.</li> </ul>
<p><b><u>Youth Guided Community</u></b></p>	<p>Community partners and stakeholders have:</p> <ul style="list-style-type: none"> <li>• An open minded viewpoint and there are decreased stereotypes about youth.</li> <li>• Prioritized youth involvement and input during planning and/or meetings.</li> <li>• A desire to involve youth.</li> <li>• Begun stages of partnership with youth.</li> <li>• Begun to use language supporting youth engagement.</li> <li>• Taken the youth view and opinion into account.</li> <li>• A minimum of one youth partner with experience and/or expertise in the systems represented.</li> <li>• Begun to encourage and listen to the views and opinions of the involved youth, rather than minimize their importance.</li> <li>• Created open and safe spaces for youth.</li> </ul>
<p><b><u>Youth Guided Policy</u></b></p>	<ul style="list-style-type: none"> <li>• Youth are invited to meetings.</li> <li>• Training and support is provided for youth on what the meeting is about.</li> <li>• Youth and board are beginning to understand the role of youth at the policy-making level.</li> <li>• Youth can speak on their experiences (even if it is not in perfect form) and talk about what’s really going on with young people.</li> <li>• Adults value what youth have to say in an advisory capacity.</li> <li>• Youth have power in decision making.</li> <li>• Youth have an appointed mentor who is a regular attendee of the meetings and makes sure that the youth feels comfortable to express his or herself and clearly understands the process.</li> <li>• Youth are compensated for their work.</li> </ul>