

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Mental Health Transformation Grants

Short Title: (MHTG)

(Initial Announcement)

Request for Applications (RFA) No. SM-10-010

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

Key Dates:

Application Deadline	Applications are due by April 30, 2010.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2010 Mental Health Transformation Grants (MHTG). The purpose of this program is to foster adoption and implementation of permanent transformative changes in how public mental health services are organized, managed and delivered so that they are consumer-driven, recovery-oriented and supported through evidence-based and best practices. Funding will support States and local governments to create and/or expand treatment capacity within five of SAMHSA's Strategic Initiatives related to prevention and wellness, trauma-informed care, military families, housing and homelessness, jobs and the economy.

Funding Opportunity Title:	Mental Health Transformation Grants
Funding Opportunity Number:	SM-10-010
Due Date for Applications:	April 30, 2010
Anticipated Total Available Funding:	\$16.5 million
Estimated Number of Awards:	22
Estimated Award Amount:	Up to \$750,000 per year
Length of Project Period:	Up to 5 years
Eligible Applicants:	State and local governments and federally recognized American Indian/Alaska Native 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) 2010 Mental Health Transformation Grants (MHTG). The purpose of this program is to foster adoption and implementation of permanent transformative changes in how public mental health services are organized, managed and delivered so that they are consumer-driven, recovery-oriented and supported through evidence-based and best practices. Funding will support States and local governments to create and/or expand treatment capacity within SAMHSA's strategic initiatives.

SAMHSA's Center for Mental Health Services (CMHS) was charged with responsibility to foster implementation of the recommendations laid out by the New Freedom Commission on Mental Health in their 2003 report *Achieving the Promise: Transforming Mental Health Care in America*. In addition, CMHS recognized that the foundation for transformative changes envisioned by the New Freedom Commission was strengthened by incorporation of the recommendations of two additional pivotal reports: *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, published by the Institute of Medicine in 2005, and *Mental Health: A Report of the Surgeon General*, released in 1999. Under the Mental Health Transformation State Incentive Grants (MHT SIG), CMHS awarded grants to nine states to transform their mental health services to achieve the goals of the New Freedom Commission.

SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified ten Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>.

In order to complement but not duplicate the efforts of other CMHS programs, FY 2010 funding for MHTG will focus on services for adults with or at-risk for serious mental illnesses.

Applications responsive to this Request for Application must implement evidence-based or best practices that will create or expand capacity to address one or more of the five Strategic Initiatives as follows.

1. Prevent mental illness through outreach, screening, and early interventions for adults with early signs of mental illness or who are at risk, and promote wellness through holistic treatment approaches. Services may include a variety of practices related to early intervention or wellness promotion, including psycho-education for consumers and family members, and peer wellness coaching or smoking cessation programs.
2. Implement Trauma-Informed Care (TIC) as the framework for the practice/service chosen and implement trauma screening, assessment, and recovery support. Within the TIC framework, services are organized and delivered in a manner that meets the unique trauma-related needs of consumers/survivors, and safety, as identified by the service

recipient, is the primary concern. The practice approach emphasizes the consumer empowerment and the consumer as driver of services, adopts universal precautions in asking about trauma, builds organizational capacity and knowledge of TIC through on-going training and policy review to ensure do no harm practices.

3. Create or expand the delivery of screening, treatment and support to active duty, guard and reserve members to recover from mental illness including trauma related disorders and to their families to build resilience and support recovery. Collaboration with State Veteran Administration (contact <http://www.va.gov/statedva.htm>), federal Veteran Health Administration (contact <https://www.vha.com/>) and the State National Guard (contact <http://www.agaus.org/Documents/TAGSContact29April09.pdf>) are crucial to ensuring that members and their families have access to excellent and comprehensive care.
4. Increase the availability of services linked to safe and affordable permanent housing for individuals who are homeless or at risk of homelessness due to mental illness, substance use, HIV/AIDS or long term institutionalization in a nursing home, jail, or other facility. Services may include outreach, Critical Time Intervention, supportive housing and Assertive Community Treatment or other proven evidence based model for service delivery, ensuring fidelity to the practice models.
5. Increase employment and education for adults diagnosed with mental illness to address high rates of unemployment among this population and to promote the development of skills, aptitudes and employability. Services will include evidence based practices such as supported employment and supported education, implemented with fidelity to practice models, if tools are available.

The MHTG program is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in mental health treatment services and to increase the ability of States, units of local government, and American Indian/Alaska Native Tribes and tribal organizations to help populations with or at-risk for serious mental health problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 6th month of the project at the latest.

MHTG are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

At least 65% of MHTG funds must be used to pay for services that support at least one of the five Strategic Initiatives in section I 1. Introduction. Grant funds may not be used to supplant funding of services that are eligible for payment or reimbursement from third-party payers (e.g., Medicaid, State Vocational Rehabilitation, state general funds, etc.). Rather, grant funds should be used for provision of services for which there is no current funding source, including services for uninsured populations.

As part of the grant application, each applicant must submit a draft Service Implementation Plan, proposing how they will address each of the elements specified in the Service Implementation

Plan Guidance provided in Appendix H. Grantees must update the Service Implementation Plan annually and submit it to CMHS by the end of each grant budget period to demonstrate progress they have made toward sustaining the practice after the grant has ended. By the end of the grant project period, a final complete Service Implementation Plan that addresses all of the elements specified in Appendix H must be signed by representatives of all key stakeholder groups, including consumer organizations, and submitted to CMHS as part of the grant final report. [Note: If it is not possible for a grantee to complete and submit a fully signed plan, they will be required to provide an analysis of progress made and barriers to completing the plan, along with any signatures and portions of the plan that have been completed.] The final complete Service Implementation Plan should fully describe how all elements specified in Appendix H are in place to sustain the approach as common practice across the community of focus after the grant has ended.

The following guiding principles will provide a framework for all activities associated with the MHTG:

- Consumers must be engaged in every step of the change process including planning and implementation, service delivery and evaluation to achieve services that are consumer-driven and recovery-oriented.
- Transformational change must be accomplished both from a top down and bottom up process simultaneously. The top down elements include overall planning, engagement of stakeholders, infrastructure alignment, and development of financing and administrative processes that support movement towards the transformed state. The bottom up elements include engagement of previously underrepresented stakeholders, changes in the relationships between providers and those receiving services, and changes in how services are delivered.
- Services must be delivered in a way that incorporates the unique characteristics of the community/population to be served.
- Services are strengths-based and designed to promote recovery or wellness through housing; employment; education; early intervention; peer, family and other social and community supports; and other mechanisms that support independent adult living.
- Whenever possible, screen for behavioral disorders in primary health care settings and connect persons to treatment and supports.

As of February 2009, approximately 1.89 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. There are many evidence based practices available that support transformative practice. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective. [See note below.]
- If you are proposing to use more than one evidence-based practice, provide an explanation and justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus. [See note below.]

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

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) 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 the proposed service(s)/practice(s) 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. However, you will need to convince the people reviewing your application that the changes you propose are justified.

- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.
- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

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

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

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

2.2 Services Delivery

You must use SAMHSA's services grant funds primarily to support allowable direct services. This includes the following types of activities:

- Providing outreach and other strategies and/or activities to increase participation in, and access to services to underserved populations. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are services available and your organization has the ability to connect individuals with those services.
- Providing direct services (including screening, assessment, and care management) or prevention services for populations at risk. Services must be provided in outpatient (including outreach-based services) or intensive outpatient programs. Services must be provided in community-based settings.
- Providing “wrap-around”/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.]
- Promoting SAMHSA’s efforts to reduce the use of seclusion, restraint practices and/or other coercive practices; ensuring that these practices are used only when the safety of the client, other clients or staff is in jeopardy.

Examples of practices that could be implemented to support these broad goals include (but are not limited to):

- Prevention and Wellness: Early Intervention: Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP): <http://www.changemymind.org/>.
- Trauma-Informed Care: Trauma Recovery and Empowerment Model (TREM) <http://www.nrepp.samhsa.gov/>. Also see resources listed at: <http://mentalhealth.samhsa.gov/nctic/trauma.asp>.
- Military Families: FOCUS is a resiliency-training program for military families and children to help them meet the challenges of combat operational stress during wartime. <http://www.focusproject.org/>
- Housing and Homelessness: Toolkit for implementation of Assertive Community Treatment: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/> and Supported Housing, http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=195
- Supported Employment: Toolkit for implementation of supported employment: <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/>.
- Supported Education: Resource on supported employments and information on Supported Education Toolkit Project currently under development by SAMHSA: <http://www.supportededucation.com/>.

Grantees must begin providing services within six months of grant award. Each year of the grant, as the service delivery process is tested and refined; grantees are expected to increase the number of consumers served by this practice. **By the end of the fourth year of the grant, the practice approach should be fully implemented across the entire community and population of focus.** [Note: For local government applicants, the community of focus must be the entire jurisdiction of the applicant organization. For State and tribal applicants, the community of focus must be the entire jurisdiction of one or more governmental entities within the boundaries of the State, Tribe, tribal organization, or Consortium of tribal organizations (i.e., either the entire applicant organization; or one or more cities, counties, villages, tribal organizations, etc. within the boundaries of the applicant organization).]

2.3 Infrastructure Development (maximum 15% 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 15% 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 interagency coordination mechanisms and partnerships with other service providers for service delivery.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- 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.
- Implementing organizational changes (e.g., to create a locus of responsibility for the services, or to increase access to best practice services) to support the entity that will be accountable for convening stakeholders to develop and update (as necessary) the Service Implementation Plan and to oversee the implementation
- Reimbursing consumer stakeholders for their time and expenses.
- Gathering and organizing information necessary to determine the details of the Service Implementation Plan.
- Identifying and obtaining the commitment of permanent sources to fund the best practice.

In addition to required activities, grant funds may be used to support planning, workforce development, and infrastructure development that includes (but is not limited to) the following types of activities:

- Convening key stakeholders (consumers, program managers, advocates, policy makers, service providers, and funding sources, local academic experts) to determine how the practice can best address the priorities of the community.
- Consulting experts, leaders, and consumers from other communities about their experiences in implementing the practice, including infrastructure changes needed to support practice.
- Developing messaging to engage stakeholders and funders, to communicate progress and reinforce the value of services to be delivered, to build the story for selling permanency and scale of services, and to sell the value of the practice.
- Developing or revising materials used in implementing the practice.
- Developing or revising records forms and records management procedures.
- Developing or revising policies and procedures (e.g., establishing standards of care, finance policies, developing or revising credentialing, licensure, or accreditation requirements).
- Developing quality assurance procedures for service delivery (e.g., establishing procedures and funding sources for regular assessment of program fidelity and utilization of such assessments to improve service delivery; establishing procedures for assessing consumer satisfaction with services and using the results to improve the services on an ongoing basis; establishing consumer oversight committees).

2.4 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. The ultimate goal is to improve mental health recovery and related consumer outcomes. Grantees will therefore be required to report performance using the adult **National Outcome Measures (NOMs) Tool** which can be found at <https://www.cmhs-gpra.samhsa.gov/index.htm> along with instructions for completing it. SAMHSA may include additional measures to fully capture the accomplishments of the program. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. CMHS anticipates that a revised version of this tool will be approved by the Office of Management and Budget in April, 2010; when approved, grantees will be expected to use the revised tool, which will be available through the same website. Data will be collected at baseline (i.e., the consumer’s entry into the project), discharge, and every six months for as long as the consumer receives services as part of the grant program. Data are to be entered into the CMHS Transformation Accountability (TRAC) Web system at <https://www.cmhs-gpra.samhsa.gov/index.htm>. 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.

Grantees will also be required to report performance regarding **infrastructure changes** made throughout the grant project period. This information will be gathered using a tool similar to the draft tool attached in Appendix J. CMHS expects to receive approval of the final version of the tool from the Office of Management and Budget in April, 2010. Grant recipients will collect data about infrastructure changes as the changes are implemented. Grantees must enter data on infrastructure changes into the CMHS Transformation Accountability (TRAC) Web system at <https://www.cmhs-gpra.samhsa.gov/index.htm> on a quarterly basis.

Training and technical assistance related to TRAC data collection and reporting will be provided by the TRAC Help Desk, available through the Web site.

In addition to TRAC measures, when appropriate, Mental Health Transformation Grantees will be required to collect and report the following data:

1. **Individual consumer recovery.** Grant recipients must specify in their applications the instrument they will use to assess consumer recovery. Examples of individual recovery measures can be found in *Measuring the Promise: A Compendium of Recovery Measures: Vol. II* (Publication No. 55), which is available for free download from the Evaluation Center at the Human Services Research Institute's website at <http://tecathsri.org> or by calling 617-876-0426 ext. 4. Applicants must demonstrate the consistency of the instrument chosen with the 2005 SAMHSA *National Consensus Statement on Mental Health Recovery* (Publ. No. SMA05-4129; available for download at <http://www.samhsa.gov>, or by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]). Data will be collected for each program participant at baseline and at least every six months for as long as the consumer receives services as part of the grant. Grant recipients must report data analysis results regarding recovery as part of their annual Performance Assessment report (see section [2.2.3—Performance Assessment](#)).
2. If grant recipients implement an Evidence-Based Practice, they must collect and report **fidelity data**. Each year, in the annual Performance Assessment report (see [section 2.2.3—Performance Assessment](#)), grantees will report the fidelity score for each program that is implementing the practice as part of the grant. Periodic assessment of program fidelity using standardized fidelity assessment instruments is a standard feature of the implementation of evidence-based practices. Grantees will, therefore, report fidelity data that they are collecting as part of their implementation efforts.

CMHS anticipates funding a **cross-site evaluation** of the MHTG program. Grantees will be required to provide information and assistance necessary for the cross-site evaluation team to conduct the cross-site evaluation. Grantee roles may include, but are not limited to, identifying and providing access to existing data sources and data analysis results, helping to organize visits of the cross-site evaluators to their programs, participating in interviews or focus groups, reviewing and providing input into and feedback on cross-site evaluation plans and reports, collecting client level data, and helping cross-site evaluators to arrange for any necessary direct data collection that the cross-site team will conduct.

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

In addition to required data reporting, grantees will be asked each year to complete an online customer satisfaction survey regarding technical assistance they received from the CMHS-funded technical assistance center associated with the MHTG program. The purpose of this data collection is to quantify grantee's satisfaction with the Technical Assistance (TA) services provided, assess whether services provided met a minimum level of competency, and determine the extent to which TA had an impact on grantees' ability to conduct the grant. Grantee Project Directors will be asked to complete the survey annually for the duration of their grant; they will be given one month to complete the online survey. Participation in the TA satisfaction survey is voluntary.

2.5 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. Your CMHS Project Officer will review the report and provide feedback to you about any changes that should be made regarding the grant. CMHS will include consideration of the findings from the Performance Assessment report in recommending future funding decisions, including whether to allow the grantee to carry funds over from one grant budget period to another, whether to award a continuation of the grant into the next grant budget period, and whether to allow an extension of time at the end of the grant project period.

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

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?

- What effect did the changes 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)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

Grantees must submit the Performance Assessment report to CMHS within one month following the end of each budget year of the grant.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in sections 2.4 and 2.5 above.

2.6 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director and at least one consumer who is involved in planning, implementation, service delivery, and/or performance assessment for the grant) to a grantee meeting to be organized by SAMHSA in each year of the grant. At these meetings, grantees will present the results of their projects, and technical assistance will be provided through arrangements made by Federal staff.

In addition, grantees must plan to send a minimum of two consumers to a consumer leadership forum to be organized by SAMHSA in each year of the grant. At these meetings, specialized training and programming will be provided to improve leadership skills for consumers who are involved in planning, implementation, service delivery, and/or performance assessment for the grant.

You must include a detailed budget and narrative for this travel in your budget. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

The following summarizes the timeline for programmatic expectations described in this section:

Table 1. Grant Expectations and Due Dates

EXPECTATION	DUE DATE
Update Service Implementation Plan	Begin immediately upon grant award; ongoing, even after grant ends
Collect infrastructure data for TRAC	Begin immediately upon grant award; ongoing until end of grant project period
Enter infrastructure data into TRAC	Begin no later than 3 months post-award and at least every 3 months until end of grant project period

EXPECTATION	DUE DATE
Provide Services	Begin no later than 6 months post-award and ongoing thereafter; increase annual number served from years 1-4, maintain or increase year 5 and after grant ends
Enter NOMs data into TRAC	Begin no later than 6 months post-award and ongoing until end of grant project period
Collect individual consumer recovery data	Begin no later than 6 months post-award and ongoing until end of grant project period
Submit updated Service Implementation Plan to SAMHSA	Last day of grant budget period each year
Travel PD, consumer involved in grant activities, and one other grant staff member to SAMHSA grantee meeting	Annually TBD
Travel two consumers involved in grant activities to SAMHSA consumer leadership forum	Annually TBD
Submit Performance Assessment report	No later than one month following the end of grant budget period each year
Implement service approach across entire community of focus	No later than end of year 4
Submit final complete Service Implementation Plan to SAMHSA	Last day of grant project period

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$16.5 million
Estimated Number of Awards:	22
Estimated Award Amount:	Up to \$750,000 per year
Length of Project Period:	Up to 5 years

Proposed budgets cannot exceed \$750,000 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.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are State and local governments and federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations. Applicants are expected to have an existing relationship with community-level service providers to ensure that services are implemented in local environments. 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, local governments, and tribes because these entities administer public mental health systems and have the capacity to implement transformative changes and services. Including both state and local governments as applicants also fosters the implementation of “top down” and “bottom up” approaches to transformational change and can better support required stakeholder involvement. This also allows for more customized approaches where there are variations in population density, access to providers, and the need for customized services.

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 client mental health or related 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 **Attachment 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 from every service provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- 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 <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 GRANT APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

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

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

2.2 Required Application Components

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

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

- **Attachments 1 through 7** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than 2 pages for Attachment 5. There are no page limitations for Attachments 1-4, 6 and 7. Do not use attachments to extend or replace any of the Sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1*: (1) Identification of at least one experienced service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project; (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 from direct service providers that have agreed to participate in the proposed project.
 - *Attachment 2*: Letter to the SSA (if applicable; see Section IV-4 of this document)
 - *Attachment 3*: Draft Service Implementation Plan
 - *Attachment 4*: Signed Documentation of Stakeholder Commitment
 - *Attachment 5*: CMHS-TRAC Infrastructure Categories and Indicators (do not use more than 2 pages for Attachment 5)
 - *Attachment 6*: Data Collection Instruments (Other than TRAC; including individual consumer recovery measure, measure of recovery promoting environment, applicable fidelity scale)
 - *Attachment 7*: Sample Consent Forms
- **Project/Performance Site Location(s) Form** – This form is part of the PHS 5161-1. The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed.
- **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 April 30, 2010. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **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.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

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 accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to Appendix B for “Guidance for Electronic Submission of Applications.” **If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided on [Appendix B](#)** “Guidance for Electronic Submission of Applications.”

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

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

- 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-10-010. Change the zip code to **20850** if you are using another delivery service.

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

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and

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

- 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 for substance abuse can be found on SAMHSA’s Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA’s Web site at <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp>. 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 **Attachment 4, “Letter to the SSA.”** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-10-010. 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 <http://www.samhsa.gov/grants/management.aspx>:

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

In addition, SAMHSA’s MHTG recipients must comply with the following funding restrictions:

- No more than 15% 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, including incentives for participating in the required data collection follow-up.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G.

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

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

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

Submission of Paper Applications

You must submit an original application and 2 copies (including attachments). 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 "MHTG SM-10-010" 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.

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 <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections F-I and Attachments 1-7 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 jurisdiction where the project will be implemented. Provide demographic information on the population e.g., race, ethnicity, age, socioeconomic status, geography. For State applicants, provide a letter from the jurisdiction in which the project is to be implemented indicating their interest in participating in the project. [Note: For local government applicants, the community of focus must be the entire jurisdiction of the applicant organization. For State and tribal applicants, the community of focus must be the entire jurisdiction of one or more governmental entities within the boundaries of the State, Tribe, tribal organization, or Consortium of

tribal organizations (i.e., either the entire applicant organization; or one or more cities, counties, villages, tribal organizations, etc. within the boundaries of the applicant organization).]

- Describe the population of focus that will be served through the grant. Justify the selection with respect to the CMHS population of focus, adults with or at-risk for serious mental illness. Provide demographic information on the population of focus, e.g., race, ethnicity, age, socioeconomic status, geography. Justify any differences in demographics from those of the community 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 epidemiologic 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. Tribal applicants must provide similar documentation relating to tribal priorities.
- Show that identified needs are consistent with the priorities of the community of focus. Describe the role that representatives of the population of focus and consumer organizations have played in identifying the needs and priorities of the community of focus and in completing this application.

Section B: Strategic Initiative and Proposed Practice (25 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 the program.
- Identify and describe the Strategic Initiative that you propose to address and how you will incorporate the guiding principles described under Expectations, Section I.2. of this RFA in your approach to address this initiative.
- Document how the proposed practice will promote the Strategic Initiative you have selected and meet the needs and priorities of the community of focus, as described in Section A.

- Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed service(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence based practice over other approaches. If this is not an evidence based practice, explain why you chose it over those that are.
- Describe how the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.
- Demonstrate how the proposed evidence based practice will meet your goals and objectives. Provide a logic model that links need, the services to be implemented and expected consumer outcomes. (See Appendix D of this announcement for a sample logic model and Appendix E for logic model resources.)

Section C: Proposed Implementation Approach (30 points)

- Submit a draft Service Implementation Plan for the identified practice that describes how you propose to address each of the elements specified in the Service Implementation Plan Guidance provided in Appendix H of this announcement. Include the plan as **Attachment 3** of your application.
- 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 attachment.] Discuss how the practice will be implemented to begin delivering services within 6 months of grant award. Include a description of how the practice will be revised and expanded so that it is fully implemented across the entire community and population of focus by the end of the fourth year of the grant.
- 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. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in

outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.

- Describe how project planning, implementation and assessment will include client input. Include a description of the role that representatives of the population of focus and consumer organizations have played in selecting the practice to be implemented.
- Identify the stakeholders, including consumers, who will be involved in developing and updating the Service Implementation Plan, and describe how they were selected for participation in the project, how they represent the community, and their roles in implementing the practice. In **Attachment 4** of your application, attach letters or other signed documents showing stakeholder commitment to participating in the process you will use to develop and annually update the plan.
- 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.
- Identify the specific services that will be paid for using grant funds, and describe your plans for developing alternate funding sources to continue providing these services after the grant project period ends.
- Identify potential funding sources that will help implement the practice. Describe how the funders will join in the planning process.
- Describe the potential barriers to successful completion of the proposed project and how you will overcome them.
- Describe the infrastructure development activities that you plan to conduct during the grant project period to support the implementation of the practice both during the grant period and after the grant ends. Select the CMHS-TRAC Infrastructure Indicators from Appendix B of this announcement that represent changes you plan to make during the grant period; in **Attachment 5** of your application, provide a table quantifying your objectives (in terms of the numeric phrases that are underlined in Appendix J of this announcement) for each selected indicator during each year of the grant.
- Provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant:
 - service provision [must be at least 65%]
 - infrastructure development [can be no more than 15%]
 - data collection and performance measurement and assessment [can be no more than 20%]
 - grant administration

- If additional funds are necessary to ensure that the goals of the project can be completed by the end of the grant period (other than those to be specified in the final Service Implementation Plan), identify any cash or in-kind contributions that will be made.
- Describe your plan to continue 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.

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 and other key personnel, such as treatment/prevention personnel.
- Provide evidence that the personnel proposed to implement the practice have the level of abilities and experience necessary to implement the services with fidelity to the model, once they have received any necessary training.
- Discuss how key personnel 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 personnel are qualified to serve this population.
- 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 are 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-2.4 of this RFA into the CMHS TRAC system. Describe your plan for data collection, management, analysis and reporting, including individual consumer recovery data. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Identify the instrument you will use to assess individual consumer recovery (see section Section IV-2.4—Data Collection and Performance Measurement of this announcement). Briefly describe how the instrument was developed, including the role of consumers in its development, and what is known about its reliability and validity. Demonstrate the consistency of the instrument chosen with the 2005 SAMHSA *National Consensus Statement on Mental Health Recovery* (see <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>). Describe the role that consumers played in selecting the instrument for use in your project. Provide a copy of the selected instrument in **Attachment 6** of your application.
- Describe the process you will use to collect and enter consumer-level data, using the Adult Consumer NOMs Tool, into the CMHS TRAC system (see section Section IV-2.4 of this announcement).
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment. Include a description of the role of consumers in designing the performance assessment, and the role they will have in conducting the assessment, interpretation and use of the results to improve services/practices.
- State the Outcome and Process questions you will address through the performance assessment described in Section I-2.5 of this announcement. Describe your plan for data collection, management, and analysis to answer each of the stated questions. Specify and justify any additional measures or instruments you plan to use for the performance assessment (other than the TRAC tools). Provide copies of additional instruments in **Attachment 6** of your application.
- 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 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

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 15% 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 G 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 elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, 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.

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 **Attachment 6, “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 **Attachment 7, “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

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 for 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>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must 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 participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

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;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- 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 at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf> . 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-2.4, 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 **MHTG** program are described in Section I-2.4 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:

Neal Brown
Chief, Community Support Programs Branch
Room 6-1019
1 Choke Cherry Road
Rockville, MD 20857
(240)276-1906
neal.brown@samhsa.hhs.gov

For questions on grants management and budget issues contact:

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

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

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

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

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

If this is the first time you have submitted an application through Grants.gov, you must complete three 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; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.**

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

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., “Attachments 1-3”, “Attachments 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.**

If you are submitting any documentation that cannot be submitted electronically, please send a hard copy to the address below. [SAMHSA no longer requires submission of a signed paper original of the face page (SF 424 v2) or the assurances (SF 242B)]. **You must include the Grants.gov tracking number for your application on these documents. 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 from every service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

Appendix D – Sample Logic Model

A logic model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A logic model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among the resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Your logic model should form a logical chain of “if-then” relationships that enables you to demonstrate how you will get to your desired outcomes with your available resources. Because your logic model requires you to be specific about your intended outputs and outcomes, it can be a valuable resource in assessing the performance of your project by providing you with specific outputs (objectives) and outcomes (goals) that can be measured.

The graphic on the following page provides an example of a logic model that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

Your logic model should be based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. A properly targeted logic model will show a logical pathway from inputs to intended outcomes, in which the included outcomes address the needs identified in the Statement of Need.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, inprogram, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs**, **Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include inprogram (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime).

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

Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People</p> <ul style="list-style-type: none"> Staff – hours Volunteer – hours <p>Funds</p> <p>Other resources</p> <ul style="list-style-type: none"> Facilities Equipment Community services 	<p>Outreach</p> <ul style="list-style-type: none"> Intake/Assessment Client Interview <p>Treatment Planning</p> <p style="padding-left: 40px;">Treatment by type:</p> <ul style="list-style-type: none"> Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention <p>Special Training</p> <ul style="list-style-type: none"> Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices <p>Other Services</p> <ul style="list-style-type: none"> Placement in employment Prenatal care Child care Aftercare <p>Program Support</p> <ul style="list-style-type: none"> Fundraising Long-range planning Administration Public Relations 	<p>Waiting list length</p> <ul style="list-style-type: none"> Waiting list change Client attendance Client participation <p>Number of Clients:</p> <ul style="list-style-type: none"> Admitted Terminated Inprogram Graduated Placed <p>Number of Sessions:</p> <ul style="list-style-type: none"> Per month Per client/month <p>Funds raised</p> <p>Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram:</u></p> <ul style="list-style-type: none"> Client satisfaction Client retention <p><u>In or postprogram:</u></p> <ul style="list-style-type: none"> Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix E – Logic Model Resources

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

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

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

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

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

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

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

W.K. Kellogg Foundation, (2004). *Logic Model Development Guide*. Battle Creek, MI. To receive additional copies of the Logic Model Development Guide, call (800) 819-9997 and request item #1209.

Appendix F – Funding Restrictions

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

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

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

Appendix G – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE 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
TOTAL		\$3,796

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

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and 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
TOTAL				\$2,387

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
TOTAL		\$6,800

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)
(combine the total of consultant and contact)

\$ 9,187

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
TOTAL		\$15,819

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 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 H - Service Implementation Plan Guidance

The Service Implementation Plan submitted to CMHS must include details regarding each of the following elements:

1. The practice(s) that will be newly available in the community of focus
2. Population of focus for the identified services
3. Community(s) in which the services will be available
4. Number of individuals who will be served by the newly available services
5. How service delivery will be funded in terms of specific dollar amounts, funding streams (i.e., source of funds and/or agencies providing funding), and the flow of funds (e.g., are funds transferred from one agency to another, are agencies billed separately for different aspects of the services, etc.)
6. The role consumers will play in designing, providing, monitoring, and evaluating the services
7. How the workforce (including all relevant agencies) will be trained, supported, and developed on an ongoing basis to deliver the services, including:
 - a. how frequently workforce development activities will occur
 - b. who (i.e., which organization or agency) will be responsible for each aspect of workforce development
 - c. the role consumers will play as both providers and recipients of workforce development activities
 - d. how qualified trainers will be selected
 - e. how many providers will be the focus of workforce development activities
 - f. how workforce development will be funded
8. How communications/coordination among relevant agencies, providers, and organizations will occur on an ongoing basis to support service delivery
9. Policies, statutes, and regulations that will need to be put into place to support and sustain service delivery

Mechanisms that will be put into place to ensure the accountability of the service delivery system on an ongoing basis, including:

- a. evaluations that will be conducted
- b. fidelity, consumer satisfaction, service utilization/provision, and outcome data that will be collected on an ongoing basis
- c. consumer oversight committees that will monitor the practice(s)
- d. processes for using data, evaluation, and advisory group feedback to continuously change service delivery to correct deficiencies and improve satisfaction and outcomes
- e. cross-agency data sharing policies, procedures, and information systems that will support the practice(s)
- f. how the accountability mechanisms will be funded

Appendix J - CMHS-TRAC Infrastructure Categories and Indicators

Policy Development

1. The number of policy changes completed as a result of the grant.
2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices as a result of the grant.

Workforce Development

3. The number of organizations or communities implementing mental health-related training programs as a result of the grant.
4. The number of people in the mental health and related workforce trained in specific mental health-related practices as a result of the grant.
5. The number of people credentialed/certified to provide specific mental health-related practices as a result of the grant.
6. The number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices as a result of the grant.
7. The number of consumers who provide mental health-related services as a result of the grant.

Financing

8. The amount of funding for mental health-related practices obtained as a result of the grant (not including funds from this CMHS grant).
9. The number of changes to financing policies to fund and/or improve mental health-related practices specified within the grant.
10. The amount of pooled or braided funding with other agencies used for mental health services and supports specified within the grant.

Organizational Change

11. The number of organizational changes made to support improvement of mental health-related practices as a result of the grant.

Partnership/Collaborations

12. The number of organizations that entered into formal written inter-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices as a result of the grant.
13. The number of organizations collaborating/ coordinating/ sharing resources with other organizations as a result of the grant.

Accountability

14. The number of organizations making changes to accountability mechanisms in order to improve mental health practices as a result of the grant.
15. The numbers of organizations that regularly obtain, analyze, and share data on mental health-related results as a result of the grant.
16. The number of communities with management information system or information technology system links across multiple agencies to share service population and service delivery data.
17. The number and percentage of members of advisory groups that monitor mental health-related practices specified within the grant who are consumers.
18. The number of consumers representing consumer organizations who are involved in mental health-related planning activities specified within the grant.
19. The number of consumers who are involved in evaluating mental health-related practices specified within the grant.

Types/Targets of Practices

20. The number of programs/organizations/communities utilizing mental health-related practices specified by the grant.
21. The number of programs/organizations/communities utilizing evidence-based mental health-related practices as a result of the grant.
22. The number of people receiving evidence-based mental health-related services as a result of the grant.