

**Department of Health and Human Services**

**Substance Abuse and Mental Health Services Administration**

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

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

**Request for Applications (RFA) No. SM-10-012**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 17, 2010.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2010 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age, through the implementation of a systematic community planning process. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed. For this program, substance abuse prevention is an integral part of behavioral health which includes healthy social and emotional development, positive behaviors among young children, as well as the opportunity to live in families and communities that are safe, stable and free from substance abuse and other negative behaviors.

<b>Funding Opportunity Title:</b>	Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health
<b>Funding Opportunity Number:</b>	SM-10-012
<b>Due Date for Applications:</b>	May 17, 2010
<b>Anticipated Total Available Funding:</b>	\$3.9 million
<b>Estimated Number of Awards:</b>	Up to 6
<b>Estimated Award Amount:</b>	Up to \$650,000 per year
<b>Length of Project Period:</b>	Up to 5 years
<b>Eligible Applicants:</b>	Eligible applicants are communities, domestic public and private nonprofit entities. States are not eligible, but local governments, Federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. [See <a href="#">Section III-1</a> 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 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age, through the implementation of a systematic community planning process. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed. For this program, substance abuse prevention is an integral part of behavioral health which includes healthy social and emotional development, positive behaviors among young children, as well as the opportunity to live in families and communities that are safe, stable and free from substance abuse and other negative behaviors.

Through coordinated services Project LAUNCH will work in funded communities to:

- Increase the number of jurisdictions implementing a community planning process
- Enable coordination across service systems and community organizations
- Increase the number of communities utilizing evidence-based practices
- Increase the number of children receiving evidence-based services
- Increase the number of children screened for behavioral health issues
- Increase the number of number of individuals referred for behavioral health services

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

Project LAUNCH will award cooperative agreements to bring together stakeholders across the child-serving system to develop a vision and a comprehensive strategic plan for promoting the wellness of all young children. This coordinated network will develop policies, financial mechanisms and other reforms to improve the integration and efficiency of the child-serving system. Local communities will also use Project LAUNCH funds to enhance and expand the delivery of evidence-based programs and practices that promote the wellness of young children and their families and prevent social, emotional and behavioral problems. The development of a

coordinated system to promote young child wellness, and the implementation of best practices in prevention and wellness promotion at the local level will serve as a model throughout the State/Territory/Tribe to be replicated in other jurisdictions.

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 on these Initiatives is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>.

Applications responsive to this Request for Application must implement evidence-based or best practices that will create or expand capacity to address the following SAMHSA Strategic Initiative:

Prevention of Substance Abuse and Mental Illness - Create prevention prepared communities where individuals, families, schools, workplaces, and communities take action to prevent and reduce mental illness and substance abuse across the lifespan.

Project LAUNCH cooperative agreements are authorized under Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32). This announcement addresses Healthy People 2010 focus areas 18 (Mental Health and Mental Disorders) and 26 (Substance Abuse).

## **2. EXPECTATIONS**

### **2.1 Population of Focus**

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

Project LAUNCH supports the healthy development of our youngest citizens and their families. Children with a solid foundation in early childhood are more likely to succeed socially, participate and thrive in school, and avoid substance use and other negative behaviors. Project LAUNCH seeks to ensure the healthy development of young children through working closely with families and providers who significantly impact the lives of young children, including primary care providers, child care providers, teachers, child welfare workers and other stakeholders in the early childhood community. Direct services, training, consultation, and public education provided through Project LAUNCH will not only lead to positive individual outcomes for children, but will also affect community norms and contribute to healthy environments at work and in school, supportive communities and neighborhoods, and reduced levels of drug abuse and crime. Project LAUNCH activities seek to promote wellness among young children through the enhancement of evidence-based direct services. However, it is also recognized that the well-being of young children is largely dependent on the family and

community contexts in which children are embedded, and thus LAUNCH activities also include family- and community-focused interventions such as public outreach and education campaigns, family support services, workforce development activities and systems change that improve access to care, improve the quality of care, and create a more integrated and collaborative system of care for young children and their families.

## **2.2 Guiding Principles**

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

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

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

### **A public health approach**

Project LAUNCH seeks to ensure that all young children are equipped with the skills and competencies that they need in order to achieve developmental milestones and enter school ready to learn and able to succeed, setting them on a trajectory toward academic success, employment and the capacity to be contributing members of society. Prevention and promotion activities are key aspects of a public health approach, in addition to efforts to treat problems after they occur.

### **A holistic perspective**

Project LAUNCH defines child wellness as optimal functioning across all developmental domains, including cognitive, social, emotional, behavioral and physical health. The goal is to work across disciplines and with those involved in the lives of young children to come to a shared understanding of healthy child development and young child wellness. Project LAUNCH provides an opportunity to promote a broader, more comprehensive definition of health that recognizes that mental health is an integral part of health, and that promotes the widespread understanding of behavioral health and social and emotional development as key facets of overall health and wellness.

### **An ecological framework**

Project LAUNCH recognizes that child wellness is predicated upon children living in healthy, stable, safe, and supportive families and communities. The direct services and activities engaged in by all Project LAUNCH grantees address not only the strengths and challenges of the individual child, but also those of his/her family, community and culture.

Project LAUNCH seeks to impact the systems in which children live, play and learn, and to ensure that families are healthy, safe and free from substance abuse.

**Project LAUNCH activities align with the following elements:**

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

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

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

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

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

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

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

## **2.3 Using Evidence-Based Practices**

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

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

**Note:** SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska

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

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

### **Resources for Evidence-Based Practices:**

Information on evidence-based practices can be found in SAMHSA’s Guide to Evidence-Based Practices on the Web at <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. Applicants must document that the selected practice is appropriate for the specific population of focus and purposes of the project.

In addition to the Web site noted above, applicants may provide information on research studies to show that the services/practices they plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, applicants may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts. Resources such as the RAND Corporation's Promising Practices Network ([http://www.promisingpractices.net/about\\_ppn.asp](http://www.promisingpractices.net/about_ppn.asp)) and the Center on the Social and Emotional Foundations for Learning (<http://www.vanderbilt.edu/csefel/>) may also be useful in identifying evidence-based practices and obtaining research about them.

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

## **2.4 Infrastructure Development and Services Delivery**

SAMHSA's Project LAUNCH cooperative agreements involve both local infrastructure development and service delivery components. All activities share a common goal of building a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families. Grantees are expected to demonstrate a collaborative working relationship with their State/Territorial/Tribal early child development leadership, including formal linkages with the State maternal and child health agency and the Early Childhood Comprehensive Systems program leadership (see section 2.4.1 below).

### **2.4.1 Infrastructure**

The grantee can spend up to 15% of grant funds on a process of infrastructure reform intended to improve the coordination and collaboration across the local child-serving system.

The Grantee must create a full-time Young Child Wellness Coordinator position to provide guidance and leadership for the initiative and serve as a liaison to the State/Territorial/Tribal early childhood leadership. The person hired for this position should have expertise in public health and early childhood mental health and child development. This individual will provide leadership to the Council on Young Child Wellness (see below), work towards policy and infrastructure improvements, and provide oversight and coordination of all participating partner agencies and service providers. The Coordinator will also be responsible for ensuring compliance with all data collection and performance measurement requirements of the grant and all reporting requirements. Professional development for this position can also be included in the overall plan. (See Appendix H: Position Description for more information).

The Grantee must create a planning and oversight Council on Young Child Wellness that is responsible for providing guidance and oversight to the project and leading the strategic planning process. The Council on Young Child Wellness should include representatives from Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start and Part C) or integrate these functions into an existing body whose primary function is young child wellness. Applicants are expected to begin working with the partners who will comprise the local Council on Young Child Wellness during the application process and are required to include documentation of this involvement in the form of a memorandum of agreement (MOA) or a letter of intent in **Attachment 1** of their applications.

The MOA must describe the specific roles and responsibilities of each of the partners in the collaboration and their roles on the Local Council on Young Child Wellness. These responsibilities include, but are not limited to, working with the Council to develop the environmental scan and strategic plan, participation in oversight of the development and implementation of Project LAUNCH local level services and activities, and participation in infrastructure reform, policy development, and/or workforce development activities at the local level. A letter of intent from a partnering agency should make explicit the intention to have representation and active participation on the Local Council on Young Child Wellness, if the grant is funded. If letters of intent are submitted in place of signed MOA, applicants must submit a signed MOA from each of their required partners within 3 months of the grant award.

The grantee must work closely with the State/Territorial/Tribal early childhood leadership to ensure that planning and policy reforms at the State/Territorial/Tribal level are consistent with and aligned with work at the grantee level. If an applicant's State has a Children's Cabinet or Children's Council the grantee should inform this entity of the Project LAUNCH grant and seek to work closely with them to ensure alignment of goals and objectives.

The grantee should work closely with and extend invitations for membership on the Local Council on Young Child Wellness to leadership from the following grant programs (if they are currently funded in the grantee's):

- HRSA's Early Childhood Comprehensive Systems (ECCS) grant program
- SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG) program
- ACF's Supporting Evidence-Based Home Visitation Program to Prevent Child Maltreatment

Applicants must provide a logic model for their project in Section C of the project narrative. The logic model should link program resources with program activities, outputs, and outcomes. This logic model should include details about infrastructure enhancement efforts, workforce development activities, program services and efforts to build collaboration at the local level. This logic model should be updated as the grant is implemented. For an example of a logic model see Appendix D.

## 2.4.2 Service Delivery

### Required Activities

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

- (1) Use of developmental assessments in a range of child-serving settings (e.g. primary care, child care, early childhood education, and behavioral health programs); appropriate settings could also include programs that serve families of young children, such as substance abuse and mental health treatment programs; assessments should be used to facilitate appropriate referrals throughout the child-serving system
- (2) Integration of behavioral health programs and practices into primary care settings
- (3) Home visiting programs
- (4) Mental health consultation (e.g. in child care or early education settings)
- (5) Family strengthening and parent skills training, including substance abuse prevention

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

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

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

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

Grantees must cooperate with and provide service implementation and other data for LAUNCH evaluation efforts, as described in Sections I-2.5 and I-2.6, below.

Grantees are expected to follow a strategic process for carrying out their grants that is consistent with SAMHSA's Strategic Prevention Framework (SPF). The SPF is built on a risk and protective factors approach to prevention, and requires communities to systematically:

- Assess their prevention and promotion needs based on epidemiological data,
- Build their prevention and promotion capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes

As part of the strategic planning and implementation process, communities will conduct an environmental scan in the first 6 months of the grant to map out the systems and programs (including Federal and private grants) that serve children from birth to 8 years of age and their families. The environmental scan will build upon the needs assessment data that is collected as part of the application process, and it will also be a key step towards the development of a comprehensive Project LAUNCH Strategic Plan. Grantees are encouraged to build on existing scans that have been conducted at the community and State/Tribal levels (e.g. the ECCS Environmental Scan and local related scans). Grantees should also work in partnership with State or tribal entities (such as the ECCS and SPF SIG programs) to obtain guidance and/or data to inform the scanning process.

Grantees will be provided with guidance and a recommended template for completing the Environmental Scan Report after grants are awarded. The Environmental Scan Report must be submitted to Federal Staff six months after grant award. The environmental scan will provide the opportunity for information sharing and ongoing discussions regarding the current system serving children 0-8 and their families. The scan must include information about the Federal, State/Territorial/Tribal and private funding streams that support programs to address the physical, emotional, social, cognitive and behavioral health of children 0-8.

Grantees will also be required to create a Strategic Plan for their initiative. This plan can expand on an existing plan to support wellness for young children. Guidance on the development of the strategic plan will be provided by the Federally-funded technical assistance provider and Federal staff. Grantees should work closely with State/Tribal/Territorial early childhood leadership (e.g.

Governor’s Cabinet, ECCS Workgroup) to ensure that early childhood goals at the community level are consistent with State/Tribal/Territorial strategic plans. The creation of the strategic plan must actively engage the partners participating in the Council on Young Child Wellness. The Project LAUNCH strategic plan must be submitted to Federal staff for review and approval 8 months after award and before program implementation.

Project LAUNCH’s technical assistance team and Federal staff will work with grantees to provide guidance, resources and support related to the development of the strategic plan.

The results of the environmental scan and strategic plan should be shared with partners at the State/Territorial/Tribal level.

Grantees are expected to work closely with or tribal-level agencies (such as the ECCS governing body and the Strategic Prevention Framework State Incentive Grant Workgroups) to ensure that local and /tribal goals and strategic plans for promoting early childhood wellness are closely aligned. Project LAUNCH grantees are expected to share best practices and lessons learned at the local level with ECCS and other appropriate -level leadership so that these practices can be disseminated and replicated throughout the /tribe.

## 2.5 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance data regarding **infrastructure changes** and **prevention and mental health promotion activities** as part of the Center for Mental Health’s TRAC (Transformation Accountability) system using the following performance measures:

1. Number of people in the mental health and related workforce trained in specific mental health-related practices/activities specified within the grant (evidence-based or other informed practices that promote healthy child wellness)
2. Number of organizations collaborating/coordinating/sharing resources with other targeted organizations (e.g. child-serving agencies and organizations)
3. Number and percentage of work group/advisory group/council members who are consumers/family members
4. Number of programs/organizations/communities utilizing evidence-based mental-health related practices/activities specified within the grant
5. Number of people receiving evidence-based mental health-related services
6. Number of individuals screened for mental health or related intervention (children who received developmental screenings)
7. Number of individuals referred to mental health or related services

Grant recipients will collect data about infrastructure changes as the changes are implemented and as prevention and mental health promotion activities are conducted. This information will be gathered using a tool similar to the draft tool attached in Appendix J. Data will be entered into the CMHS TRAC system at <https://www.cmhs-gpra.samhsa.gov/index.htm> on at least a

quarterly basis. Ongoing training and technical assistance related to data collection will be provided. 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.

### **National Cross-Site Evaluation**

All grantees are expected to participate in the cross-site evaluation (CSE) and will receive training on the cross-site evaluation protocols, including data collection, management and reporting procedures. All grantees will be expected to collect and report their own data to the CSE. All grantees will be required to enter data into the CSE web-based portal on a semi-annual basis, and will also participate in periodic telephone interviews and/or site-visits by the CSE team. Ongoing training and technical assistance related to the CSE will be available to all grantees.

Examples of the types of data collected as part of the CSE include changes to the child and family service system since the initiation of the grant (e.g. Council achievements, implementation challenges and facilitators, workforce development and program outreach activities) as well as service delivery activities and outcomes. These include documentation of services supported by the project, target groups for each service (e.g. number and characteristics of children and families served), number and types of providers and provider settings where services are delivered, and changes to provider practice and work settings as a result of program participation.

To the extent possible, both GPRA and TRAC measures have been aligned with measures in the cross-site evaluation to minimize duplication of effort in data collection and reporting. All attempts will be made to collect data in a streamlined and minimally burdensome manner.

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

## **2.6 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. (A Project LAUNCH Annual Progress Report will be submitted to Federal staff at the end of each year). 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.

Grantees are expected to develop a Performance Assessment Plan to be submitted approximately 6 months after grant award. Guidance regarding specific components of the Performance Assessment Plan is provided in Appendix I, and includes both process and outcome components.

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?
- What were the effects of the project on key child, family and community-level outcomes?

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)?

Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually

**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 Section I-2.5 and Section I-2.6 above.**

## **2.7 Grantee Meetings**

Grantees must plan to send two people, the Young Child Wellness Coordinator and the local evaluator, to at least two grantee meetings in each year of the grant. Grantees must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will hear presentations from experts in the field, share progress and challenges in program implementation and evaluation, and participate in peer-to-peer learning. Meetings are generally two days in length and frequently held in the Washington, DC area. Attendance is mandatory.

## II. AWARD INFORMATION

**Funding Mechanism:** Cooperative Agreement

**Anticipated Total Available Funding:** \$ 3.9 million

**Estimated Number of Awards:** Up to 6

**Estimated Award Amount:** Up to \$650,000

**Length of Project Period:** Up to 5 years

**Proposed budgets cannot exceed \$650,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### Cooperative Agreement

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

#### Role of Grantee:

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

#### Role of SAMHSA Staff:

The Government Project Officer (GPO) will participate as needed on policy, steering, advisory and other task forces for the grant. The GPO will also facilitate linkages to other SAMHSA/Federal government resources and will help grantees access appropriate technical assistance. In addition, the GPO will assure that Project LAUNCH grantee initiatives are responsive to SAMHSA’s mission and help accomplish SAMHSA goals. The GPO will monitor the development and collection of process and outcome measures; ensure compliance with the Government Performance and Results Act; and promote collaboration between the Center for Mental Health Services and the Center for Substance Abuse Prevention and other Federal

Partners. In order to support collaboration and integration of programs at the Federal level and to model collaborative efforts for State/Territorial/Tribal and local systems, Federal staff will participate in and provide support for a Federal Partners Young Children's Collaborative with, at a minimum, the Health Resources and Services Administration (HRSA) the Administration for Children and Families (ACF), and the Centers for Disease Control and Prevention (CDC). This collaboration will work to facilitate program integration and linkages at the Federal level.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are communities, domestic public and private nonprofit entities. States are not eligible, but local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. 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. The statutory authority for this program prohibits grants to for-profit agencies.

States are not eligible to apply because they do not have the direct connection to the community level that is necessary for this place-based initiative. In the vast majority of cases, States do not have the direct community relationship held by counties and localities that would be necessary to successfully coordinate the program. In those cases where such a relationship does exist, there is nothing in the RFA prohibiting the State from partnering with a local government in support of the project and playing a more direct role; however, the legally responsible entity is expected to be the community-level organization.

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

Cost sharing/match are not required in this program.

#### **3. OTHER**

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

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

## 3.2 Evidence of Experience and Credentials

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

The three requirements are:

- A provider organization for direct client services (e.g., substance abuse prevention, mental health) 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 Health Information Network 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. A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

## 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, Project/Performance Site Location(s) Form, 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 5** – 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 a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. 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, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support, MOAs.
  - *Attachment 2:* Data Collection Instruments/Interview Protocols
  - *Attachment 3:* Sample Consent Forms
  - *Attachment 4:* Letter to the SSA (if applicable; see [Section IV-4](#) of this document)
  - *Attachment 5:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
- **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. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or

propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

### **2.3 Application Formatting Requirements**

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

### **3. SUBMISSION DATES AND TIMES**

Applications are due by close of business on May 17, 2010. Hard copy applications are due by 5:00 PM (Eastern Time). Electronic applications are due by 11:59 PM (Eastern Time).

**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 in [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](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your 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 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 's review process.
- For proposed projects serving more than one , you are advised to contact the SPOC of each affiliated .
- The SPOC should send any review process recommendations to the following address within 60 days of the application deadline. **For United s 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-10-012**. Change the zip code to **20850** if you are using another delivery service.

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

The PHSIS consists of the following information:

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

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

- a summary of the project, no longer than one page in length, which 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-10-012**. 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 E

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

- Grant funds must be used for purposes supported by the program.
- No more than 20% of the grant award may be used for data collection and performance assessment expenses.

- No more than 15% of the total grant award will be used for infrastructure.

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

## **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 “**Project LAUNCH – SM-10-012**” 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 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

#### **Section A: Statement of Need (15 points)**

- Describe the geographic area to be served, including a description of the geographic boundaries of the community of focus and a rationale for the community’s selection. Include the numbers to be served, demographic information and surveillance data linked with local risk and protective factors related to young children’s wellness (including physical, emotional, social, cognitive and behavioral health). Discuss the language, beliefs, norms and values, as well as socioeconomic factors of the population of focus that must be considered in delivering programs for this population.

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

- Describe current systems and infrastructure designed to promote or maintain the wellness of children ages birth to 8. Discuss how culturally-based assets are integrated into the current wellness system.
- Address the current level of coordination and collaboration across systems serving young children 0–8 and their families and the extent to which behavioral health is integrated into primary care. Describe the stakeholders and resources that can help implement the needed infrastructure and programming.
- Describe current needs (related to physical, emotional, social, cognitive and behavioral health) based on problems or challenges faced by children and youth to be addressed in the proposed project. Identify risk and protective factors that have been linked to those problems and needs.

**Section B: Proposed Evidence-Based Service/Practice (20 points)**

- Identify the evidenced-based program(s) and practice(s) in the five specific areas referenced in Section I-2.4.2 that you propose to implement. Describe how the chosen practices will address risk and protective factors related to the needs identified in the Statement of Need Section (Section A). Describe the evidence base for the proposed programs/practices, and their appropriateness for addressing the wellness of young children as defined in this announcement. (See Section I-2.3, “Using Evidence-Based Practice”)
- Describe and justify any adaptations to the evidence-based practices/programs proposed which would be necessary to meet the needs of the population of focus as well as evidence that such adaptations will be effective for the population.
- Describe how the proposed program(s)/practice(s) will consider issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the population of focus while retaining fidelity to the chosen practice.

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

- Clearly state the purpose, goals and objectives of the proposed project. Describe how achievement of these goals will produce meaningful and relevant results and build system capacity and coordination in the area of young child wellness.
- Describe the proposed project plan. Provide evidence that the proposed activities enhance infrastructure and services at the local level and meet the project's goals and objectives.
- Provide a logic model that demonstrates the linkage between resources, proposed approach (including all proposed evidence-based programs/practices) and desired outcomes.
- Describe membership, roles and functions and frequency of meetings of the local Council on Young Child Wellness.
- To demonstrate the commitment of the required members of the proposed local Council on Young Child Wellness grantees should include documentation of the involvement of Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start, and Part C) in the form of a letter of intent or MOA in **Attachment 1**. If one or more of these required partners do not exist at the local level, then the applicant should provide a waiver in place of the MOA for that partner who confirms the absence of that partner at the local level as well as a description of plans to address the issues which would have been addressed by that partner. If submitting letters of intent instead of MOAs, applicants should describe their plans for obtaining MOAs in the first three months of the grant.
- Describe your commitment to working with family organizations and family representatives, including parent and family representation on your local Young Child Wellness Council
- Describe how the proposed programs, supports and services will be implemented. These programs, supports and services should include developmental assessments across a range of settings, integration of behavioral health programs into primary care, mental health consultation, family strengthening and parenting skills training, and home visitation. Where relevant, discuss how the services/programs described above include improvements or enhancements to already existing programs, and/or include efforts to improve coordination between programs or eliminate service/program gaps or redundancies.
- Provide a realistic timeline for the project showing key activities, milestones and responsible staff. Note: The timeline should be part of the Project Narrative. It should not be placed in an attachment.

- Clearly state the unduplicated number of individuals to be served (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.
- Describe how members of the population of focus and representatives from the partnering agencies helped prepare the application and how they will help plan, implement and evaluate the project.
- Describe how the project components will build upon the existing systems serving families with children and enhance the strength and breadth of their promotion/prevention efforts. This should include discussion of the work being done as part of other SAMHSA funded projects, the state's ECCS grant, and Title V Maternal and Child Health Block Grant activities, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.
- 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 coordination and planning can begin as soon as possible, and no later than 2 months after grant award. Applicants must also show that the necessary groundwork has been completed so that implementation of programs can begin within 9 months after award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to ensure project sustainability when funding for this project ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

**Section D: Staff and Organizational Experience (15 points)**

- Discuss the capability and experience for collaboration and work on issues related to young child wellness. Show that participating organizations at the local level have linkages to the population of focus and ties to grassroots/locally-based organizations that are rooted in the culture of the population of focus and are capable of providing culturally competent programs, supports and services.
- Provide a list of staff who will participate on the Council on Young Child Wellness and in the overall project, showing the role of each and their level of effort and qualifications. Include the Young Child Wellness Coordinator and other key personnel, such as the evaluator, and promotion/prevention personnel. Show that the Young Child Wellness

Coordinator has experience coordinating projects across local service systems and expertise in the field of children's mental health and child development.

- 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 multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.
- Describe the resources available for the proposed project at the local level (e.g., facilities, equipment), and provide evidence that programs will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the population of focus.

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

- Describe the plan for conducting the performance measurement and assessment activities specified in Sections I-2.5 and I-2.6 of this RFA and document your ability to participate in all aspects of performance measurement and assessment. This plan should include activities related to the collection of GPRA and TRAC data, process and outcome assessments, and participation in the national cross-site evaluation.
- Describe how the proposed data collection measures will be used to evaluate linkages between project activities and desired outcomes as identified in the project logic model.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe any proposed data collection instruments/interview protocols that you have identified and include these in **Attachment 2**. Describe any necessary modifications to these protocols. Provide copies of all proposed consent forms in **Attachment 3** of the application, "Sample Consent Forms."
- Describe how the grantee-level performance assessment will be used to assess the quality of implementation and ensure fidelity to evidence-based programs and practices.
- Describe how the proposed project will use data to manage the project and assure continuous quality improvement.
- Document your ability to collect and report on the required performance and GPRA measures as specified in Section I-2.5 of this RFA

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

## **SUPPORTING DOCUMENTATION**

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

**Section G:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment, and no more than 15% of the total grant award will be used for infrastructure. 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 if an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

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

#### 4. Data Collection

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

#### 5. Privacy and Confidentiality

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

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

## 6. Adequate Consent Procedures

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

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

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

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

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

## 7. Risk/Benefit Discussion

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

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

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](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

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

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services' National Advisory Council;
- availability of funds; 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-2.5, 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.
- As part of these reports grantees may also be asked to collect data related to developmental assessments, referrals between agencies serving young children, level of community awareness of issues related to young child wellness, training supported by Project LAUNCH, number of families and children served through grant programs, programs costs, quality of implementation of evidence-based practices, strengths of State/Territorial/Tribal and local partnerships as well as other items identified in performance reporting materials.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

#### **3.2 Government Performance and Results Act (GPRA)**

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance

requirements for SAMHSA’s Project LAUNCH grant program are described in Section I- 2.5 of this document under “Data Collection and Performance Measurement.”

### **3.3 Publications**

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

In addition, SAMHSA requests that grantees:

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

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

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Jennifer A. Oppenheim, Psy.D.  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, Maryland 20857  
(240) 276-1862  
[jennifer.oppenheim@samhsa.hhs.gov](mailto:jennifer.oppenheim@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](mailto:gwendolyn.simpson@samhsa.hhs.gov)

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

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

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

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

- The 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](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, 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 424B)]. **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 Local Logic Model - Services**

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

**Sample Local Logic Model – Infrastructure, Coordination, and Planning**

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

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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.
- 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 position. 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. (Be as specific as possible regarding events and conference names and locations.) Local travel rate is based on the grantee organization’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 – definition.

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

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

**FEDERAL REQUEST**

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

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

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

\*Provide adequate justification and need 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 for a fee. A contract provides services for a fee. The grantee must have procurement policies and procedures governing their use of consultants and contracts that are consistently applied among all the organization’s projects.

**FEDERAL REQUEST**

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

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

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

**FEDERAL REQUEST**

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

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

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

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**  
 (combine the total of consultant and contact)

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

**H. Other:** expenses not covered in any of the previous budget categories

**FEDERAL REQUEST**

Item	Rate	Cost
Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Client Incentives	\$10/client follow up x 278 clients	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	<b>TOTAL</b>	<b>\$15,819</b>

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

Office space is included in the indirect cost rate agreement; however, other service site 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. Brochures will be used at various community functions (health fairs and exhibits) once per month throughout the service area.

\*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 indirect cost rate agreement. For information on applying for the indirect cost rate go to: <http://rates.psc.gov/fms/dca/map1.html>.

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

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

Category	Federal Request
Salaries & Wages	\$52,765
Fringe Benefits	\$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 – Position Description**

### **Young Child Wellness Coordinator**

The Young Child Wellness Coordinator will be responsible for providing oversight to the Council on Young Child Wellness and will serve as a liaison to State/Territorial/Tribal leaders involved in addressing issue of young child wellness (such as the ECCS, Children’s Cabinet and/or SPF SIG workgroup leadership). The Young Child Wellness Coordinator will serve as the official responsible for the fiscal and administrative oversight of the cooperative agreement and will be responsible and accountable for proper conduct of the cooperative agreement. The Local Child Wellness Coordinator will also be responsible for overseeing the development and implementation of all direct services (including workforce development and outreach activities). This will include establishing the organizational structure; hiring staff; and providing leadership in all local facets of young child wellness efforts, including guiding the establishment of interagency collaborations with other community-based, child- and family-serving agencies. This key position should be staffed by one individual with knowledge of early childhood development across physical, mental, social, emotional and behavioral domains and related service systems, with demonstrated experience in mobilizing service systems, management, and a demonstrated ability to foster collaborative relationships. This position should be staffed by an individual who represents the cultural and linguistic background of the population to be served. This is a full-time equivalent position.

## **Appendix I – Performance Assessment Plan Guidance**

A suggested outline for your Grantee-Specific Performance Assessment Plan is provided below. You are not required to adhere to this format in creating your plan; however, in general, a well-conceived plan should lay out the steps leading from 1) the logic model to 2) the evaluation questions to 3) designs/plans to answer each question to 4) data collection and finally to 5) data analysis and reporting.

### **Plan Outline**

#### **(A) Logic model**

Please include a copy of your logic model linking your grant activities with indicators and anticipated outcomes. Your logic model should include specific measures and/or data sources that will be used to assess outcomes.

*Note: The CDC Evaluation Working Group has compiled information on program evaluation including guidance on how to create a logic model. For more information please see: <http://www.cdc.gov/eval/resources.htm>*

#### **(B) Evaluation questions**

These should be questions which you will attempt to answer through your data collection efforts. The evaluation questions should clearly link to the logic model. That is, the evaluation questions should directly address what is happening at different stages in the logic model, moving from questions of implementation to short-term outcomes and longer-term outcomes. Evaluation questions should be inclusive of the major aspects of your project, including systems change efforts and implementation of services, and should relate to the desired outcomes for children, families, providers and systems.

**(C)Evaluation design for each question (e.g., case study, pre-post, post only, longitudinal/repeated measures)**

Your design should include assessment of the two key facets of your project: (1) systems change activities and (2) services for children, families, and providers. For each of these two areas, your evaluation should include both implementation (or process) evaluation and outcome evaluation components. The questions listed in section C are intended as a guide to thinking about what you might include in each of these areas.

## 1. Assessment of Systems Change activities:

### Implementation evaluation:

- What will you do to assess the systems change activities that have been undertaken?
- Will you be evaluating whether planned activities were actually implemented (and if not, what factors were involved)?
- What will you do to assess the systems change activities that have been undertaken?
- Will you be evaluating whether planned activities were actually implemented (and if not, what factors were involved)?

### Outcome evaluation:

- a. How will you assess the outcomes of these activities in terms of changes to the /tribal/local service system (e.g., in areas such as coordination, collaboration, access, how family-centered and culturally-competent services/systems are, etc.)?

## 2. Assessment of Program Services for Children, Families, and Providers:

### Implementation evaluation:

- How are you assessing the amount of services delivered and your success in reaching the target population?
- How are you assessing fidelity of implementation of evidence-based practices? How will implementation and fidelity data be reported back to the program and used to inform quality improvement processes?
- Are you assessing changes in the extent to which services are family-centered and/or culturally-competent?
- How are you assessing the implementation of workforce development activities?

### Outcome evaluation:

- a. How are you assessing outcomes for services to children and families?
  - b. Describe any plans for conducting pre-post, quasi-experimental, or experimental design studies to evaluate outcomes for children/families in wellness promotion, prevention and/or treatment services. You are not required to conduct such studies, but are encouraged to do so, as resources permit, in order to be able to answer you own evaluation questions and demonstrate results to your local community/Tribe/. You may opt to evaluate a single component or two of your program that is of particular interest to your community (e.g., implementation of an EBP being adapted for your community). Please specify any design you will be using and the population to be included.
- How are you assessing outcomes for providers? Please specify any design you will be using and the population to be included.
  - How are you assessing parent satisfaction with services?

- How are you assessing community-wide outcomes? Describe any plans, including designs, for population studies based on extant data; describe indicators of child well-being that you will be using.

### 3. Assessment of costs

You are asked to report annually on the percentage of grant funds that were expended in each of the following areas: evaluation, infrastructure improvements, and direct services. In future years, you may be asked to estimate expenditures in one particular area of direct service (e.g., mental health consultation or parent training), but this is not required at present. Beyond that, you are free to conduct any cost studies that are of interest to you and your local//Tribal community. Please describe any plans you have for collecting cost data/conducting cost studies here.

*Note: one way of organizing the information in response to Section C is to use a table format such as the one shown in Example Table 1 below. Text should accompany the table as needed to answer the questions above.*

#### **(D)Data collection plan**

*Note: One way of organizing the information in response to section D is to use a table format such as the one shown in Example Table 2 below.*

- Measures:

Please include description of measures related to each outcome of interest (e.g., self-ratings, ratings by program staff, direct assessments); if using a validated instrument, please identify by name. If you are unsure which measures you will be using, please list all those that you are considering.

- Methods:

In this section, please briefly describe your plans for collecting the data on outcomes. This includes primary data collection methods and extraction of extant data. For primary data collection, indicate who is responsible for administering a survey or measure and the proposed schedule of data collection for each measure. This could include program staff and/or providers

administering parent surveys and/or child and family assessments, having providers track services delivered, etc.

- Data tracking system:

In this section, please briefly describe your plans for developing or using an existing data tracking system for the different types of data you will be collecting. This includes your grantee-specific evaluation data (such as pre-post measures on parents or children) as well as plans for collecting cross-site evaluation (CSE) data, SAMHSA-required data (GPRA/TRAC), Parent Survey data, and any additional data (including individual child/family/provider level data) that you will be collecting from LAUNCH partners/participants.

At a minimum, your data tracking system should include a mechanism for collecting data on services (and trainings) provided; it may also include a mechanism for entering data from Parent Surveys and other surveys, and any pre/post data that you collect.

- What are your plans for developing a data management system to collect services data? To collect parent/child outcome data?
- How will you collect data from agencies/programs/partners that are providing LAUNCH services?
- Do you have any plans to integrate data systems with partner organizations?
- Are any additional activities planned in these areas?

### **(E) Analysis and reporting plan**

For the evaluation questions you are addressing, please describe:

- How will data be analyzed to address each evaluation question on implementation and outcomes?
- Will these findings be shared with the program to guide program improvement?
- How will findings be reported?

*The two tables on the following pages are optional and may be used to summarize your evaluation design and data collection plans.*

**Example Table 1: Evaluation Questions, Designs to Address Them, and Relevant Outcomes**

Component	Evaluation Question (#/question)	Design (pre-post, post-only, repeated measures)	Outcome(s)
State/Local Systems and System Changes	1		
	2		
Implementation of Services/Service Outcomes			
Outcomes for Families and Children			





