

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Grants to Expand Services to Children Affected by
Methamphetamine in Families Participating in Family Treatment
Drug Court**

**(Short Title: Children Affected by Methamphetamine)
(Initial Announcement)**

Request for Applications (RFA) No. TI-10-009

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

Key Dates:

Application Deadline	Applications are due by April 29, 2010.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2010 Grants to Expand Services to Children Affected by Methamphetamine in Families Served by Family Treatment Drug Court. The purpose of this program is to expand and/or enhance services to children (0-17 years) and families of those suffering from methamphetamine use and abuse, which have resulted in a referral/involvement in a Family Treatment Drug Court (FTDC). The program will focus primarily on the children (0-17 years) of parents who use or abuse methamphetamine. Grantees are encouraged to include other caregivers or foster parents involved in the care of the children in the enhancement aspect of the family services.

Funding Opportunity Title:	Grants to Expand Services to Children Affected by Methamphetamine in Families Served by Family Treatment Drug Court
Funding Opportunity Number:	TI-10-009
Due Date for Applications:	April 29, 2010
Anticipated Total Available Funding:	\$4.44 million
Estimated Number of Awards:	Up to 12
Estimated Award Amount:	Up to \$370,000
Length of Project Period:	Up to 4 years
Eligible Applicants:	Eligible applicants are existing individual Family Treatment Drug Courts that currently have a minimum of 20 methamphetamine abusing/using clients or their tribal/State or local governmental proxy. See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2010 Grants to Expand Services to Children Affected by Methamphetamine in Families Served by Family Treatment Drug Court. The purpose of this program is to expand and/or enhance services to children (0-17 years) and families of those suffering from methamphetamine use and abuse, which have resulted in a referral/involvement in a Family Treatment Drug Court. The program will focus primarily on the children (0-17 years) of parents who use or abuse methamphetamine. Grantees are encouraged to include other caregivers or foster parents involved in the care of the children in the enhancement aspect of the family services. **Applications that propose services for parents, without proposing services for children, will not be reviewed and will not be considered for an award.**

The parents served under this program must be involved in the family treatment drug courts and receiving substance abuse treatment services through participation in a family treatment drug court. The intent of this program is **NOT** to provide substance abuse treatment services already being provided through the family treatment drug court, but to provide services directly to the children and to expand and/or enhance supportive services for parents, caregivers, and families (See **Examples of Services for Children, Parents and Families in Section I-2**).

Methamphetamine use by parents poses significant risks to their children. Young children whose parent(s) use methamphetamine are at increased risk of harm, including child maltreatment. In fact, most cases of child maltreatment by substance abusing parents involve children under the age of five.

Of the total number of individuals admitted to treatment in 2005 for methamphetamine, 46% were women. This percentage of female admissions is higher for methamphetamine use than the percentage of female admissions associated with any other drugs except tranquilizers, sedatives and other opiates. The implication is that more children are likely to be affected by a parent's use of methamphetamine since caregivers are often predominately female. Compared with male methamphetamine users, female methamphetamine users use methamphetamine more days in a 30-day period, are more likely to be single parents who live alone with their children, and have worse medical, psychiatric, and employment profiles. These statistics indicate a greater risk for the children of mothers who use methamphetamine because the parent is likely to use the drug more often and have greater difficulty providing adequate parenting and economic support for the child. When the parent is dependent on methamphetamine, chronic neglect of the children becomes more likely, and the family and social environment is more likely to be inadequate and

dangerous. (SAMHSA, Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers, 2006.)

Methamphetamine exposure during pregnancy can jeopardize the development of the infant and can cause birth defects, growth retardation, premature birth, low birth weight, developmental disorders, difficulty sucking and swallowing, and hypersensitivity to touch after birth. Longer-term effects of prenatal methamphetamine exposure may be similar to other substances: long-term cognitive deficits, learning disabilities, and poor social adjustment in older children. In addition, children of substance abusing parents are at high risk of developing their own substance abuse problems, as both a history of childhood maltreatment and parental substance abuse increase the odds that individuals will abuse alcohol and drugs; and they may repeat the cycle of abuse and neglect that has plagued them in their childhood (The National Center on Addiction and Substance Abuse (CASA) at Columbia University; No Safe Haven: Children of Substance Abusing Parents; Jan. 1999, P.6).

With the implementation of the Adoption and Safe Families Act in 1997 (ASFA, P.L. 105-89) and renewed emphasis on achieving permanency for children in the child welfare system, finding effective ways to address concurrent substance abuse and child maltreatment problems in families took on renewed importance. A report to Congress, mandated by ASFA and titled “Blending Perspectives and Building Common Ground,” established five broad goals to improve services to families affected by substance abuse and child welfare. Over the past ten years, considerable progress has been made at Federal, State, and local levels to meeting these goals. These goals are: 1) building collaborative working relationships across child welfare, substance abuse and courts; 2) engagement and retention of parents in substance abuse treatment; 3) assuring timely access to substance abuse treatment services; 4) filling information gaps; and 5) enhancing services to children. It is this last goal of enhancing and expanding services to children that is the primary focus of this grant program.

Children Affected by Methamphetamine (CAM) is one of SAMHSA’s services grant programs. SAMHSA’s services grants are designed to address gaps in substance abuse and mental health prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging mental health and substance abuse problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

Children Affected by Methamphetamine grants are authorized under 509 of the Public Health Service Act of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

2. EXPECTATIONS

Family Treatment Drug Courts vary in design, services and collaborating entities, but most courts concentrate their efforts on meeting the needs of the parent, including linkages with substance abuse treatment, recovery support services and other services. To date, few courts have provided either directly, or through partnerships, services to meet the often complex needs of the children.

Grant funds for this program are intended to increase access to supportive services for children (0-17 years) of families participating in family treatment drug court. In addition, because the well being of children is directly related to the well being of their parents and caregivers, funds can also be used to support parents in their recovery and in their parental roles. Funds are not to be used, however, to pay for substance abuse treatment services, as drug courts are expected to already have access to these services for parents participating in FTDC. **Applications that propose services for parents, without proposing services for children, will not be reviewed and will not be considered for an award.**

Family Treatment Drug Courts have recognized designs and operational protocols. To ensure that applicants are consistent with the designs and protocols known as the “The 11 Key Elements of Family Treatment Drug Courts”, all applicants must address each element in their application to ensure that they are incorporated into their model or approach (**See Appendix H**).

Family Treatment Drug Courts must demonstrate how they will enhance and/or expand services to the children and families. In doing so, applicants are expected to develop collaborative partnerships with a wide range of family serving agencies and professionals including, but not limited to, child welfare agencies, children’s program specialists, mental health specialists, primary care providers and neonatologists, social workers and social service agency professionals, legal professionals, educators and substance abuse prevention and treatment professionals.

Applicants must identify a Service Coordinator with the role of establishing and identifying linkages for necessary services to promote the well-being of the child. The Service Coordinator will oversee the collaborative partnerships developed within this grant program. The Service Coordinator will ensure that the services are adequate and provided in a timely manner.

Examples of collaborative partnerships and activities include the following:

- Support for inter-agency and inter-organization collaboration to support management activities that will provide resources and oversight, and make on-going improvements to the activities carried out through the grant.

- Comprehensive training to ensure that all partners involved in the proposed activities (e.g., child welfare, judges, attorneys, and court professionals, mental health and primary care providers and obstetricians, school personnel, etc.) fully understand substance abuse and dependence and are trained to intervene appropriately with families.
- Training for alcohol and drug treatment professionals to understand risk assessment, court rules, and other child welfare requirements impacting their clients.
- Improvements in cross-system information sharing mechanisms to ensure consistent data collection across systems, comprehensive methods to monitor outcomes are in place, and sharing information, with appropriate releases of confidential information, across systems.

To demonstrate this collaboration, applicants must provide letters of commitment or formal contractual agreements including MOUs/MOAs (outlining services to be provided, level and intensity of resources committed) from collaborating organizations. Simply providing a “letter of support” from proposed partners is not sufficient to meet this requirement of documented agreements with organizations. **These documents must be provided in Attachment 1 of your application or it will not be reviewed and you will not be considered for an award.**

Applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA’s can be found on SAMHSA’s Web site at <http://www.samhsa.gov/Grants/ssadirectory.pdf>.

Applicants are required to expand services, enhance services or provide a combination of both to children whose parents use or abuse methamphetamines.

Service Expansion: Applicants may propose an increase in the number of children (0-17 years), and their parents and/or caregivers receiving services as a result of the award. For example, if the drug court is currently providing services consistent with the goals of the grant announcement to 20 children per year and has 40 additional children who could benefit from services but no funding to serve these children, the applicant may propose to expand service capacity to be able to admit some or all of those children. **Applicants must state clearly the number of children (0-17 years) and parents and/or caregivers, to be served for each year of the proposed grant (see Appendix I - Proposed Number of Service Recipients-Guidelines and Definitions).**

Service Enhancement: Applicants may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art approaches, or adding a new service to address emerging trends or unmet needs. Applicants are allowed to serve a subset of the target population without serving all of the target population allowed under this announcement so long as some portion of the funds support services directly for children. For example, an applicant could propose to provide services to infants and toddlers and their parents, without providing services for older children. Or, alternatively, the applicant could propose a program that only targets school age children and their parents. **Applicants must state clearly the number of additional children (0-17 years) and parents and/or caregivers, who will receive the new enhancement services for each year of the proposed grant (see Appendix I - Proposed Number of Service Recipients-Guidelines and Definitions).**

Examples of services and supports for children, parents and families include:

Services for Children:

- Identification of substance exposed newborns so that interventions can be initiated/enhanced with these infants at birth.¹
- Coordination with child welfare agencies around services provided to the family and child, including case management services around protective factors, safety planning, reunification and/or other permanent placements.
- Home visiting services or referrals and linkages for medical and/or developmental follow-up with pediatric specialists knowledgeable about exposure to methamphetamine.
- Primary care coordination, to link children with SCHIP and Medicaid, and delivery of services for medical and dental needs.
- Developmental assessments and services to provide access to screening and assessment, and intervention with children identified as needing services to address developmental delays across a spectrum of childhood development indicators, such as linguistic, motor, and cognitive processing skills.
- Mental health services to children including, but not limited to counseling.
- Early intervention and preventive services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.

¹ The Child Abuse Prevention and Treatment Act (CAPTA) amended and reauthorized by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) includes a requirement that States refer substance exposed newborns to child welfare agencies for the purpose of developing a plan of safe care. Coordination/enhancement of services delivered to these children is also address under the Individuals with Disabilities Education Act (IDEA) Part C.

- Case management services to ensure appropriate staffing for young children entering school or already in school (6-17 years) to determine their needs for services and establishment of an Individualized Education Program (IEP).

Services and Linkages for Parents:

- Evidence-based strategies to promote parenting abilities, including strategies to strengthen parent-child bonding such as mentoring programs, home visits, and supervised visits.
- Evidence-based strategies to address women's experience of trauma (e.g., Seeking Safety; Helping Women Recover; Trauma Recovery and Empowerment Model, etc.)
- Linkages to ancillary services for families to provide assistance in securing needed services such as safe and drug-free housing, transportation, vocational training and education, government benefits, legal services and child care.
- Linkages to family planning services to avoid future in-utero exposure to methamphetamine and other drugs.
- Linkages to domestic violence prevention/intervention services.
- Training for foster parents, relatives, and other substitute caregivers about the special needs of children and youth who have suffered from abuse or neglect and whose parents have a substance use disorder.

Services for Families:

- Evidence-based family and parenting interventions designed for children of parents with substance use disorders and their parents. (e.g., Celebrating Families; Nurturing Families; Strengthening Families; and Partners in Parenting, etc.)
- Family counseling to strengthen family functioning and assist with reunification of families when children have been in out-of-home placements.

Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified population(s) of focus.

Applicants must also provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 4-year grant period.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. An evidence-based practice,

also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

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

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

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

or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.

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

Resources for Evidence-Based Practices:

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

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

You must document that the selected practice is appropriate for the specific population of focus and purposes of your project.

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

For additional information on resources for children and families, see **Appendix J**.

2.2 Infrastructure Development (maximum 15% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to help your staff or other providers in the community develop skills to deliver effective services consistent with the purpose of the grant program.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “[Section E: Performance Assessment and Data](#)” of your application. The following performance measures are preliminary measures and subject to change, but grantees will be required to report performance on measures pertaining to the children, parents/caregivers, family functioning and interagency collaboration. Depending upon the services proposed in the individual grant, possible measures could include timeliness of reunification; number of children receiving services; overall health and well-being of children; number of services and linkages provided to children (0-17 years), and parents and/or caregivers; parental employment; coordinated case management; and professional training. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. Grantees will be notified following award of additional measures required for data collection in this grant program.

This information will be gathered using a tool which is currently under development. This tool will be provided upon receipt of grant award and is the only tool permissible for reporting on these measures. Grantees will be required to collect data at baseline (i.e., the client’s entry into the project), 6- and 12- month post-baseline, and discharge. Data are to be entered into CSAT’s GPRA Data Entry and Reporting System via the Internet within 7 business days of the forms being completed. In addition, 80% of the participants must be followed-up. GPRA performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress

as part of SAMHSA's budget request. Training and technical assistance on data collection, tracking, and follow-up, as well as data entry, will be provided by CSAT.

2.4 Performance Assessment

Grantees must regularly review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. Grantees will be expected to run regular reports using CSAT's data entry and reporting system and be able to explain any challenges to meeting performance requirements.

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?
- Were the effects sustained over time?

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

Process Questions:

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

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

Performance Assessments must be included in the bi-annual reports (See Section VI-3.1 Progress and Financial Reports).

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

2.5 Grantee Meetings

Grantees must plan to attend two grantee meetings the first year (the Kick-Off meeting and Annual meeting,) and one grantee meeting each successive year. Grantees must plan to send a minimum of four people (including the Project Director, Service Coordinator, and Data Coordinator). For budgetary purposes it is assumed that the meetings will be in the Washington, DC area. Each meeting will be for a minimum of 2.5 days. Attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$4.44 million
Estimated Number of Awards:	Up to 12
Estimated Award Amount:	Up to \$370,000
Length of Project Period:	Up to 4 years

Proposed budgets cannot exceed \$370,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

SAMHSA/CSAT is restricting eligibility to existing Family Treatment Drug Courts that currently have a minimum of 20 methamphetamine using clients enrolled in the program or their Tribal/State or local governmental proxies who may apply on their behalf. Therefore, in addition to direct application by an individual Family Treatment Drug Court, units of Tribal/State/local government such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency with direct involvement with the drug court may apply on behalf of an individual family treatment drug court. When the Tribal/State, County or local government is the applicant, all grant funds awarded must be dedicated to the individual drug court with the exception of a small set aside, **not to exceed two percent** of the total award, that is permissible to cover the cost of administration and oversight of the grant. **Applications that propose services for parents, without proposing services for children, will not be reviewed and will not be considered for an award.**

Eligibility is restricted to these entities because only FTDCs with a minimum of 20 methamphetamine using clients can provide the necessary structure of accountability not only for parents, but also service providers working to support parents. A minimum of 20 methamphetamine using clients is required in order to have a sufficient number of participants in the program.

Eligible Family Treatment Drug Courts must have demonstrated relationships and agreements with family serving agencies/organizations and professionals necessary to undertake the proposed activities. Although public and private nonprofit organizations have a pivotal supporting role in family treatment drug court programs and may be sub-recipients/contractors to the applicant, they are not eligible to apply.

In those cases where a Tribe/State/local unit of government (city/county) applies on behalf of a drug court, the Tribe/State/local governmental unit will be the award recipient and the entity responsible for satisfying the grant requirements. Although funding is intended for individual family treatment drug courts, SAMHSA recognizes the scarcity of resources in some rural communities. Therefore, it is allowable for contiguous rural counties in one State to apply as a multi-county partnership to serve more than one family treatment drug court within the identified counties. However, in such situations, one county unit of government must assume the role of lead applicant, which will oversee and administer the grant for the multiple jurisdictions. If this is the case, the applicant needs to clearly state how all the family treatment drug court clients involved in the program will be able to access the services.

This grant program is not intended to provide start-up funds to create new family treatment drug courts. *Applicant family treatment drug courts must be operational for at least one year at the time of application.* Operational is defined as a judge being designated as a “family treatment drug court” judge with a “family treatment drug court” docket of cases and seeing defendants in “family treatment drug court” on a regular and recurring basis for at least one year prior to the submission of the grant application. **By signing the cover page (SF 424 v2) of the application, the authorized representative of the applicant organization is certifying that the family treatment drug court applying for funds has been operational, as defined above, for at least one year at the time of application and currently has a minimum of 20 methamphetamine-using clients enrolled in the program.**

Applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA’s can be found on SAMHSA’s Web site at <http://www.samhsa.gov/Grants/ssadirectory.pdf>

Letters of commitment or formal contractual agreements from collaborating organizations must be provided in Attachment 1 of your application and a letter from the SSA Director or designated representative must be included in Attachment 4 of your application as outlined in Section I-2, or your application will not be reviewed and you will not be considered for an award.

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 family treatment drug courts with demonstrated infrastructure and expertise will be able to provide

required services quickly and effectively. For the delivery of enhanced and expanded services to children, the court must demonstrate that it will hire or work with experienced, and where necessary credentialed providers of the services to be delivered. It must also demonstrate a history of collaboration with other family serving organizations, agencies and professionals in order to effectively and efficiently implement this program. You must meet additional requirements related to the provision of services as follows:

- Include a list of the direct service provider organizations that have agreed to participate in the proposed project and what services they will provide.
- 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.

In **Attachment 1** of your application, you must: (1) include a list of all service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a service provider organization; and (2) 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:

- 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 4** – 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 and 3 combined. There are no page limitations for Attachments 2 and 4. 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) 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; (2) 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; (3) letters of commitment, MOUs, MOAs.
 - *Attachment 2:* Data Collection Instruments/Interview Protocols
 - *Attachment 3:* Sample Consent Forms
 - *Attachment 4:* Letter from the SSA Director or designated representative that they support the application and confirm that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment.
- **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 kit.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **April 29, 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.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road,

Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. TI-10-009 Change the zip code to **20850** if you are using another delivery service.

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 Children Affected by Methamphetamines grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than 2% of the total grant award may be used to cover the cost of administration and oversight of the grant when a Tribe/State/local unit of government (city/county) applies on behalf of an individual family treatment drug court.

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 Children Affected by Methamphetamines 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 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- Describe the population of focus and the geographic area to be served, and justify the selection of both with respect to the primary purpose of the grant program. Also include

demographic information on the population of focus, e.g., race, ethnicity, age, socioeconomic status, geography.

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

Section B: Proposed Evidence-Based Service/Practice (25 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access to supportive services provided to the children, parents, and caregivers; increase child overall health and well-being; increase family reunification and increase the number of services and linkages provided to children (0-17 years), and parents and/or caregivers) and support SAMHSA's goals for the program.
- Identify the evidence-based service(s)/practice(s) that you propose to implement for children, parents and caregivers and the source of your information. (See [Section I-2.1, Using Evidence-Based Practices.](#)) Discuss the evidence that shows that this practice is effective with your population of focus. If the evidence is limited or non-existent for your population of focus, provide other information to support your selection of the intervention(s) for your population of focus.
- Document the evidence that the practice(s) you have chosen is (are) appropriate for the outcomes you want to achieve.
- Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.

- Describe how the proposed project will address the following issues in the population of focus, while retaining fidelity to the chosen practice:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy and
 - Disability.
- Demonstrate how the proposed service(s)/practice(s) will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See [Appendix D](#) for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe how the proposed service(s) or practice(s) will be implemented. You must also address how the required 11 key elements of a family treatment drug court model (see **Appendix H**) are included in your program design. If a particular key element/characteristic of the Family Treatment Drug Court model is missing, you must provide a justification for not including it.
- Applications must include a letter from the State Substance Abuse (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at <http://www.samhsa.gov/Grants/ssadirectory.pdf>
- Describe how your project incorporates services to the children (0-17 years), and parents and/or caregivers into the current family treatment drug court program.
- Describe the role of the Service Coordinator in your project and the activities they will engage in, including oversight of services.
- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Clearly state the unduplicated number of children (0-17 years) you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.

- Clearly state the unduplicated number of parents, and/or caregivers you propose to serve (annually and over the entire project period) with grant funds, including the types and number of services to be provided and anticipated outcomes.
- Describe how the population of focus will be identified, recruited, and retained. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., obtaining parental approval, collaborating with community gatekeepers.
- Describe how project planning, implementation and assessment will include parental and client input.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, 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. Include letters of commitment from community organizations supporting the project in **Attachment 1** of your application.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations and, agencies. Demonstrate that the applicant organization

and other participating organizations have linkages to the population of focus and ties to organizations that are rooted in the culture and language of the population of focus.

- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director, the Service Coordinator or equivalent and other key personnel.
- Discuss how key staff has demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilingual, describe how the staff are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.3](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in [Section I-2.4](#) of this RFA and document your ability to conduct the assessment.
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

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

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix G of this document.

Section H: Biographical Sketches and Job Descriptions.

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

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

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the

Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 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, 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 Substance Abuse Treatment's 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-2.3](#), you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit bi-annual and final progress reports, as well as annual and final financial status reports.

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

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Children Affected by Methamphetamines grant program are described in [Section I-2.3](#) of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

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

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Sharon Amatetti
Center for Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1039
Rockville, Maryland 20857
(240) 276-1694
sharon.amatetti@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Helen Zhou
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1082
Rockville, Maryland 20857
(240) 276-2482
helen.zhou@samhsa.hhs.gov

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

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

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

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

- The application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)

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

Appendix B – Guidance for Electronic Submission of Applications

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

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

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The 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.”

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), funds and other resources (e.g., facilities, equipment).

Examples of **Program Components** (activities) depicted in the sample logic model include 1) services to children (e.g. Screening and assessment; Case management; Medical visits; Home visits; Speech therapy; Play therapy) 2) services to parents/caregivers (e.g. Parent training; Trauma treatment; Domestic violence services; Vocational training; and Family planning) 3) services to families including family strengthening programs and 4) program support services (e.g. Interagency collaboration; Administration; and Long-range planning.)

Examples of **Outputs** (objectives) depicted in the logic model include assessments of service needs; children receiving coordinated case management services; families receiving in home services; children connected to support services; parents/caregivers connected to support services; trainings for foster care parents; and interagency agreements implemented.

The **Inputs**, **Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include Improvements in measures of client satisfaction; client participation; children remaining in home; occurrence of child maltreatment; average length of stay in foster care; re-entries to foster care placement; timeliness of reunification;

timeliness of permanency; prevention of substance-exposed newborns; child well being; parenting and family functioning; and parent criminality, employment, mental health status, and substance use.

[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.]

Table 1 - Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
<p>Examples: People</p> <ul style="list-style-type: none"> • Staff hours <p>Funds Facilities Equipment</p>	<p>Examples: Children</p> <ul style="list-style-type: none"> • Screening and assessment • Case management • Medical visits • Home visits • Speech therapy • Play therapy <p>Parent/Caregiver</p> <ul style="list-style-type: none"> • Parent training • Trauma treatment • Domestic violence services • Vocational training • Family planning <p>Families</p> <ul style="list-style-type: none"> • Family strengthening program <p>Program support</p> <ul style="list-style-type: none"> • Interagency collaboration • Administration • Long-range planning 	<p>Examples: Number of:</p> <ul style="list-style-type: none"> • assessments of service needs • children receiving coordinated case management services • families receiving in home services • children connected to support services • parents/caregivers connected to support services • trainings for foster care parents • interagency agreements implemented 	<p>Examples: Improvements in measures of</p> <ul style="list-style-type: none"> • Client satisfaction • Client participation • Children remaining in home • Occurrence of child maltreatment • Average length of stay in foster care • Re-entries to foster care placement • Timeliness of reunification • Timeliness of permanency • Prevention of substance-exposed newborns • child well being • parenting and family functioning • parent criminality, employment, mental health status, substance use

Appendix E – Logic Model Resources

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

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

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

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

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

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

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

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

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

Appendix F – Funding Restrictions

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

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

outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- No more than 2% of the total grant award may be used to cover the cost of administration and oversight of the grant when a Tribe/State/local unit of government (city/county) applies on behalf of an individual family treatment drug court.

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 – federal definition.

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

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

FEDERAL REQUEST

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

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

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

*Provide adequate justification 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
			TOTAL	\$2,387

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

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

FEDERAL REQUEST

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

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

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

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

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

Office space is included in the indirect cost rate agreement; however, other 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 rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
8% of 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 – 11 Key Elements of a Family Treatment Drug Court

Family Treatment Drug Courts have several well-defined elements, as provided below. You must address how your FTDC meets and adheres to each of these 11 elements in your Project Narrative in Section C, Proposed Implementation Approach.

11 Key Elements of Family Treatment Drug Courts:

1. A Steering Committee composed of key stakeholders to provide advice in the design and operation of the Family Treatment Drug Court.
2. Alcohol and other drug treatment services that are integrated with justice system case processing.
3. Use of a non-adversarial approach, with prosecution and defense counsel promoting public safety while protecting participants' due process rights.
4. Early identification and prompt placement of eligible participants.
5. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffings (team meetings), where each client's progress, strengths, obstacles, and options are discussed individually, and case plans are updated as needed.
7. Frequent alcohol and other drug testing.
8. A coordinated strategy that governs drug court responses to participants' compliance.
9. Judicial interaction that is ongoing with each drug court participant.
10. Interdisciplinary education that promotes effective planning, implementation, and operations.
11. Partnerships among drug courts, public agencies, and community-based organizations.

Appendix I – Proposed Number of Service Recipients

Guidelines and Definitions

Instructions

Your application must specify the proposed number of service recipients you have provided in your Abstract and in the Project Narrative under Section C: Proposed Implementation Approach.

In estimating the number of service recipients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

Service Expansion: Expansion applications propose to **increase the number of clients receiving services** as a result of the award. For example, if the drug court is currently providing services consistent with the goals of the grant announcement to 20 children per year and has 40 additional children who could benefit from services but no funding to serve these children, the applicant may propose to expand service capacity to be able to admit some or all of those children. Clearly state the additional annual admissions you anticipate from the use of grant funds, not those now being served.

Service Enhancement: If you propose to improve **the quality and intensity of services**, for instance, by adding state-of-the-art approaches, or adding a new service to address special needs of clients, specify the number of persons who will receive expanded services during each grant year in the narrative, and the total numbers in the Abstract. Although service enhancements may not increase the number of clients being served *per se*, you should specify the current and proposed number of clients who will receive the new enhancement services. Do not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of Year 1 and continue receiving the service into Year 2, in which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and family counseling, some clients may receive both types of services. Do not double-count these clients.

Total # Persons Served: Specify the total number of persons who will receive grant supported services. These numbers should be unduplicated, so that numbers stated here may not equal the sum of “enhanced” and “expansion” clients served. If some clients will receive both enhanced and expanded services, do not double-count these clients. The key is to count individual clients

served, not provided services. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

A tabular format is suggested for portraying these data, but is not required.

Appendix J- Resources on Children and Families

The following is a list of resources on children and families:

- Office of Juvenile Justice and Delinquency Programs (OJJDP) “Strengthening America’s Families” Website at <http://www.strengtheningfamilies.org/>
- The National Center on Substance Abuse and Child Welfare Website at <http://www.ncsacw.samhsa.gov>
- The Child Welfare Information Gateway, a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, provides access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and more. (<http://www.childwelfare.gov>)
- The California Evidence-Based Clearinghouse for Child Welfare. (<http://www.cachildwelfareclearinghouse.org/>)
- Abandoned Infants Assistance National Resource Center (<http://aia.berkeley.edu/>) includes information on evidence-based practices with the proposed target population.