

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

**Cooperative Agreement for the Drug Demand Reduction
Initiative for Iraq**

(Initial Announcement)

Request for Applications (RFA) No. TI-11-011

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

Key Dates:

Application Deadline	Applications are due by May 24, 2011.
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Executive Summary:

The Substance Abuse and Mental Health Services Administration, in collaboration with the State Department's Bureau of International Narcotics and Law Enforcement Affairs, is accepting applications for a fiscal year (FY) 2011 Cooperative Agreement for the Drug Demand Reduction Initiative for Iraq. The purpose of this program is to enhance substance abuse prevention, treatment and recovery support services in Iraq.

Funding Opportunity Title:	Cooperative Agreement for the Drug Demand Reduction Initiative for Iraq
Funding Opportunity Number:	TI-11-011
Due Date for Applications:	May 24, 2011
Anticipated Total Available Funding:	\$770,000
Estimated Number of Awards:	1
Estimated Award Amount:	\$770,000
Cost Sharing/Match Required	No
Length of Project Period:	1 year
Eligible Applicants:	Domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, in collaboration with the State Department's Bureau of International Narcotics and Law Enforcement Affairs, is accepting applications for a fiscal year (FY) 2011 Cooperative Agreement for the Drug Demand Reduction Initiative for Iraq. The purpose of this program is to enhance substance abuse prevention, treatment and recovery support services in Iraq.

Toward this goal, the grantee will provide support to Iraq's Ministry of Health (MOH) for the development of a Center of Excellence on Substance Abuse Services (COE-SAS) at Baghdad's Medical City complex. Through training and technical assistance, the grantee will support the following activities:

- Develop a strategic plan for the establishment of the COE-SAS that will phase in substance abuse training and research activities for Iraqi providers and program administrators to acquire new therapeutic, business and research skills.
- Assess the training and development needs of Iraqi staff and other health care providers, and provide intensive training (mainly in the Middle East) in substance abuse and recovery support services, in order to develop clinical skills.
- Develop a cadre of primary care providers trained to screen and diagnose substance use disorders and provide brief interventions, and to refer patients who need more intensive treatment to ongoing treatment and recovery support services (Screening, Brief Intervention, Referral and Treatment - SBIRT).
- Establish a Community Epidemiology Workgroup which will secure updated information on the nature and extent of the substance abuse problem in Iraq while building epidemiological capacity.
- Identify Iraqi candidates to become substance abuse researchers in order to build research capacity.

With this program, SAMHSA and the State Department expect a reduction in drug-related crime in Iraq by addressing and reducing the demand for drugs in Iraq. This initiative builds on work begun as part of the 2010 Iraq-SAMHSA Initiative, which supported a team of behavioral health professionals from the Government of Iraq (GOI Team) who visited substance abuse sites in the U.S. to learn about establishing substance abuse services and training.

2. EXPECTATIONS

SAMHSA's grants for training and technical assistance are intended to fund services or practices that have a demonstrated effectiveness in transferring knowledge and are appropriate for the specific technical assistance (TA) recipients of the grant program.

2.1 Required Activities

Grant funds must be used to support the development and strengthening of substance abuse services in Iraq through the following activities: Planning and Project Management; Clinical Service Development; Integration of Substance Abuse Services and Primary Care; Epidemiological Data Collection; and Development of Research Capacity.

Planning and Project Management

- Provide technical support to the GOI Team for the development of a Strategic Plan for the establishment of the COE-SAS.
- Assist the GOI team in developing an overall evaluation plan for the Initiative.
- Provide project administration training to MOH staff, including training in core business and administration skills, budgeting, data collection and management, human resource management, and strategic planning.
- Identify and oversee program management staff in Iraq, including a Program Manager who will be responsible for integrating activities into the ongoing work of the MOH; a Project Coordinator who will be responsible for day-to-day coordination of activities in Iraq; and a Health Educator who will be assigned by the MOH to be responsible for planning and conducting SBIRT and related trainings for primary care providers to address substance abuse.
- Assist the MOH in undertaking other activities related to this project including assigning key clinical staff for the COE-SAS and staff to provide substance abuse training to Iraqi health care workers; acquiring materials and forms needed by the outpatient treatment programs; and planning and funding the assessment of substance abuse and related treatment needs in Iraq.

Clinical Service Development

- Develop a 12-month core training plan identifying topics, training materials, Arabic-speaking trainers, training logistics, and determine how to build training capacity in Iraq (i.e., identify candidates and develop Center Master trainers) to develop the capacity of the staff at the COE-SAS to deliver quality substance abuse treatment.
- Assist in the planning and delivery of specific trainings in the Middle East and in the U.S., including participation in up to four substance abuse training courses for 4 Iraqis in the Middle East (including in either Cairo, Dubai, or Abu Dhabi), and for two Iraqi team members to visit the U.S. twice, to participate in relevant conferences (e.g., The College on Problems of Drug Dependence (CPDD)) and visit their U.S. host sites.

Integration of Substance Abuse Services and Primary Care

- Assist the Health Educator in developing a training curriculum for primary care providers on substance abuse.
- Assist the Health Educator in planning and delivering substance abuse trainings, for up to six “Training of Trainers” to train additional health educators throughout Iraq and up to twelve substance abuse trainings for primary care providers throughout Iraq, including specific training on how to implement SBIRT in primary care settings.

Epidemiological Data Collection

- Assist the MOH in planning and conducting a rapid assessment of current substance abuse trends in Iraq.
- Assist the MOH in establishing and convening a Community Epidemiology Workgroup (CEWG) to review substance use data collected through a rapid assessment, identify possible additional sources of data, review new data, discuss missing data areas, synthesize the data and prepare a report every six months on trends regarding substance use in Iraq.

Development of Research Capacity

- Develop a plan for identifying Iraqi researchers and candidates to become researchers, including specific plans to bring 3-5 researchers and candidates to international research meetings.

2.2 Other Expectations

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Promotion of CSAP and CSAT Products and Collaboration with SAMHSA

To maximize distribution of relevant materials on substance abuse prevention, treatment and rehabilitation services, the grantee will promote and distribute SAMHSA publications related to the proposed topics of trainings and courses delivered by the grantee. In addition, each grantee will be required to provide periodic updates to SAMHSA’s Office of Communications, alerting SAMHSA of products and services, including training events that the grantee is making available.

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 GPRA Modernization Act of 2010. You must

document your ability to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on the following performance measures: satisfaction with meetings/trainings/technical assistance; sharing of information from meetings/trainings/technical assistance; and application of knowledge from meetings/trainings/technical assistance. This information will be gathered using the following GPRA Tools:

- CSAT Baseline Training Satisfaction Survey
- CSAT Follow-up Training Satisfaction Survey
- CSAT Baseline Meeting Satisfaction Survey
- CSAT Follow-up Meeting Satisfaction Survey
- CSAT Baseline Technical Assistance Satisfaction Survey
- CSAT Follow-up Technical Assistance Satisfaction Survey

These tools can be found at <http://www.samhsa.gov/grants/CSAT-GPRA/index.aspx>, along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA’s Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA data must be collected at the end of each event and 30 days following the event. Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. GPRA data are to be collected and then entered into SAMHSA’s Services Accountability Improvement Systems GPRA tool <http://www.samhsa-gpra.samhsa.gov>.

2.4 Performance Assessment

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

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 training and technical assistance on participants?

- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan for delivery of training and technical assistance?
- 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 training and technical assistance 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)?

This performance assessment should be completed and submitted every quarter, along with the other financial and progress reports due.

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.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$770,000 in total costs (direct and indirect) for the one-year project.

Available funding for this program is subject to the transfer of funds from the State Department to SAMHSA. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be transferred to fully fund this program.

Cooperative Agreement

This award is being made as a cooperative agreement because it requires substantial post-award Federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of the grantee and SAMHSA staff are:

Role of Grantee:

- The Program Director will plan and manage this activity and regularly convene (by phone) a Coordinating Committee to oversee the progress of the Initiative.
- The Coordinating Committee will include the lead program staff in Iraq and the GOI team.
- The Program Director may also consult with members of the Planning Group on Iraq Mental Health, which SAMHSA coordinates, during the project.
- The grantee will provide quarterly progress reports to SAMHSA and comply with other administrative and reporting requirements (**See Appendix H- Frequently Asked Questions**).

Role of SAMHSA Staff:

- SAMHSA staff will serve as ex-officio members of the Coordinating Committee described above to oversee the progress of the Initiative and assist with general planning, management and oversight of the Initiative.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations
- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based organizations

Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of Tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

NOTE: This program *does not* require a match for the grantee. However, there is a Congressional requirement that the Government of Iraq (GOI) provide matching resources. As its contribution to the establishment of the COE-SAS, the Iraq Ministry of Health (MOH) will work with Baghdad's Medical City to acquire and remodel the facility for the COE-SAS. Showing further support of the project, the GOI will also cover salaries of the MOH staff assigned to the clinical activities, as well as the salary for personnel assigned to be the Health Educator/Master Trainer, and will pay for the clinical supplies and materials needed for the COE-SAS. Finally, the GOI will fund the rapid assessment of substance use and related treatment needs in Iraq. These resources should be considered when preparing your application and budget.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the HHS 5161-1 application form; 2) application submission requirements in [Section IV-3](#) of this document; and 3) formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from SAMHSA 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;
- terms and conditions directly related to this cooperative agreement;
- 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

A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. Applications that are not submitted on the required application form will be screened out and will not be reviewed.
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 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. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>.
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population to receive training/technical assistance (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 HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in [Appendix F](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 35 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 40, it is 36 pages long, not 35 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 3** – 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 Attachment 2. 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:** Letters of Coordination
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 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. All applicants must sign the form.
- **Checklist** – Use the Checklist found in HHS 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. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **May 24, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, or 2) paper submission. 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.

Note: If you use the USPS, you must use Express Mail.

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

Submission of Electronic 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.”

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Financial Resources
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 FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Iraq Initiative-TI-11-011**” 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.

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.”

4. 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>:

- Educational Institutions: 2 CFR Part 220 (OMB Circular A-21)
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Iraq Initiative grant recipients must comply with the following funding restrictions:

- No more than 20% of the grant award may be used for data collection and performance assessment expenses.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix C](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the HHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 35 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must 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 E-H and Attachments 1-3 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)

- Document the need for culturally appropriate technical assistance for the recipients (e.g., from providers with experience in working on substance abuse issues in the Middle East) to increase the capacity of the recipients to implement, sustain, and improve effective substance abuse prevention, treatment and rehabilitation services.
- Describe the proposed technical assistance recipients.
- Discuss the current state of knowledge in Iraq regarding culturally competent services in the area of substance abuse prevention, treatment and recovery support services, and describe how this knowledge will be increased, disseminated and applied in Iraq.
- Document the need for help in strengthening substance abuse services in Iraq by providing the most current existing information on the extent and nature of substance use in Iraq. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from regional epidemiologic data and/or the World Health Organization (WHO).
- Describe the service gaps, barriers and other problems related to the need for technical assistance.
- Describe the stakeholders and resources that can help implement the needed technical assistance.

Section B: Proposed Approach (35 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives as outlined in Section 2.1. These must relate to the performance measures you identify in Section D, Performance Assessment and

Data, and those that are listed in Section 2.3 (Data Collection and Performance Measurement.)

- Describe the proposed project activities, how they meet the needs of the technical assistance recipients you propose to serve, and how they relate to your goals and objectives.
- Describe your process for the development of a Strategic Plan for the establishment of the COE-SAS.
- Provide a chart or graph depicting a realistic time line for the entire project period 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.]
- Demonstrate familiarity with SAMHSA's mission and with state-of-the-art strategies and practices in substance abuse prevention, treatment and recovery and technology transfer principles, strategies, and activities.
- Clearly identify the total number of participants you propose to serve, as well as the total number of events you plan to offer. In addition, provide a break-down of the:
 - number of training events (i.e., short-term learning events designed primarily to raise awareness or impart limited information), as well as the number of participants who will be involved in training; and
 - number of academic programming and technical assistance events (i.e., ongoing courses or learning interventions designed to develop or enhance skills, provide in-depth knowledge, or affect organizational processes related to the adoption of evidence-based or promising practices in agencies or systems), as well as the number of participants in academic programming and technical assistance events. [Note: For purposes of this program, academic programming and technical assistance are combined into a single service category.]

Explain how you will develop and conduct training and technical assistance.

- Describe your collaborative relationships with the relevant organizations (State and local governments; provider associations; academic institutions; professional, recovery community, and faith-based organizations) both in the US and in the Middle East; related systems of care; and others, or how you plan to develop these relationships in order to formulate knowledge needs assessments and design technology transfer initiatives to respond to the needs of the region to be served in an equitable manner. (Letters of Coordination should be included in **Attachment 1.**)

- Discuss how you will help the recipients perform ongoing needs assessments and how you will focus on those needs most critical to the effectiveness of substance abuse treatment and prevention and recovery support services within Iraq.
- Describe how you will promote the adoption of culturally appropriate evidence-based/promising practices and state-of-the-art substance abuse prevention, treatment, and recovery research.
- Discuss how the project plan will use culturally appropriate approaches and methods, and address the following issues in technology transfer needs and opportunities:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity;
 - Disability; and
 - The experience of ongoing trauma due to war and domestic strife in Iraq.
- Describe and give examples of how you will develop and revise innovative, research-based curricula and other products and materials as appropriate for the technical assistance recipients you will be serving.
- Describe how you will serve as a resource on substance abuse treatment and prevention to the Ministry of Health in Iraq, the Directors General of Health in Iraq's governorates, Iraq's relevant community-based and faith-based organizations (including religious leaders), consumers and family members, peer groups, and other stakeholders.
- Describe how you will actively promote and market your services in Iraq.
- Describe the membership, roles and functions, and frequency of meetings, for the Coordinating Committee (**See Section II- Award Information, Role of Grantee**).
- Describe any other organizations that will participate and their roles and responsibilities. Demonstrate their commitment to the project. Include letters of coordination from these community organizations in **Attachment 1** of your application.

- Describe how potential technical assistance recipients were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe how your activities will improve substance abuse prevention, treatment, and recovery support services in Iraq.

Section C: Staff, Management, and Relevant Experience (30 points)

- Discuss the capability of the applicant organization to plan and manage the project as outlined in the section, “Planning and Project Management”, in Section 2.1.
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience providing culturally appropriate, state-of-the-art, research-based training and technology transfer activities.
- Describe the applicant organization’s experience in working with institutions of higher education in the Middle East, particularly on issues of substance abuse certification and coursework.
- Provide a complete list of staff positions for the project, including the Program Director and other key personnel, including a program coordinator, showing the role of each and their level of effort and qualifications, including Arabic language skills.
- Discuss how key staff have demonstrated experience in serving the Iraqi population to receive training/technical assistance and are familiar with the workforce development needs of the Iraqi population.
- Discuss the applicant organization’s capability and experience in developing substance abuse training curricula in Arabic.
- Describe the resources available for the proposed project (e.g., facilities, equipment).

Section D: Performance Assessment and Data (25 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this document. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures 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.

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 E: Literature Citations

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

Section F: Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection, performance measurement, and performance assessment and **specifically identify the items associated with these costs in your budget**. An illustration of a budget and narrative justification is included in [Appendix F](#) of this document.

Section G: Biographical Sketches and Job Descriptions.

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

Section H: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of your application. See [Appendix G](#) for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council; and
- availability of funds.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, 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 quarterly and final progress reports, as well as 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.

- You will be required to comply with the requirements of 2CFR Part 170 -The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

3.2 GPRA Modernization Act of 2010

The GPRA Modernization Act of 2010 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 Iraq Initiative 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.

For additional information on administrative requirements, see Appendix H-Frequently Asked Questions.

VII. AGENCY CONTACTS

For questions about program issues contact:

Donna Doolin, LSCSW
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1126

Rockville, Maryland 20857
(240) 276-2965
donna.doolin@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Love Foster-Horton
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1095
Rockville, Maryland 20857
(240) 276-1653
love.foster-horton@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 HHS 5161-1 application package.
- 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 Appendix B, "Guidance for Electronic Submission of 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.

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in HHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in HHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Attachments

- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in [Appendix G](#) 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 HHS 5161-1.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced 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-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. 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 technical (IT) 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.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF 424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please also allow sufficient time to 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 prepare your Project Narrative and other attached documents 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 **18,025** words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **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.**

Appendix C – 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.

- Award funds may not be used to distribute any needle or syringe for the purpose of preventing the spread of blood borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.
- 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.

The grantee will budget indirect costs at a rate of 8% of modified total direct costs, exclusive of tuition and fees, expenditures for equipment and sub-awards and contracts in excess of \$25,000.

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), the strategies you use, the infrastructure changes that occur, what takes place (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 strategies, the strategies to infrastructure changes, the infrastructure changes 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** depicted in the sample logic model include Federal policies, funding, and requirements; federally sponsored technical assistance; site-specific context items (e.g., populations; site characteristics, e.g., political and geographical; previous activities, policies, etc.; infrastructure, e.g., planning capability & other resources; pre-existing outcomes); and performance data.

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

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

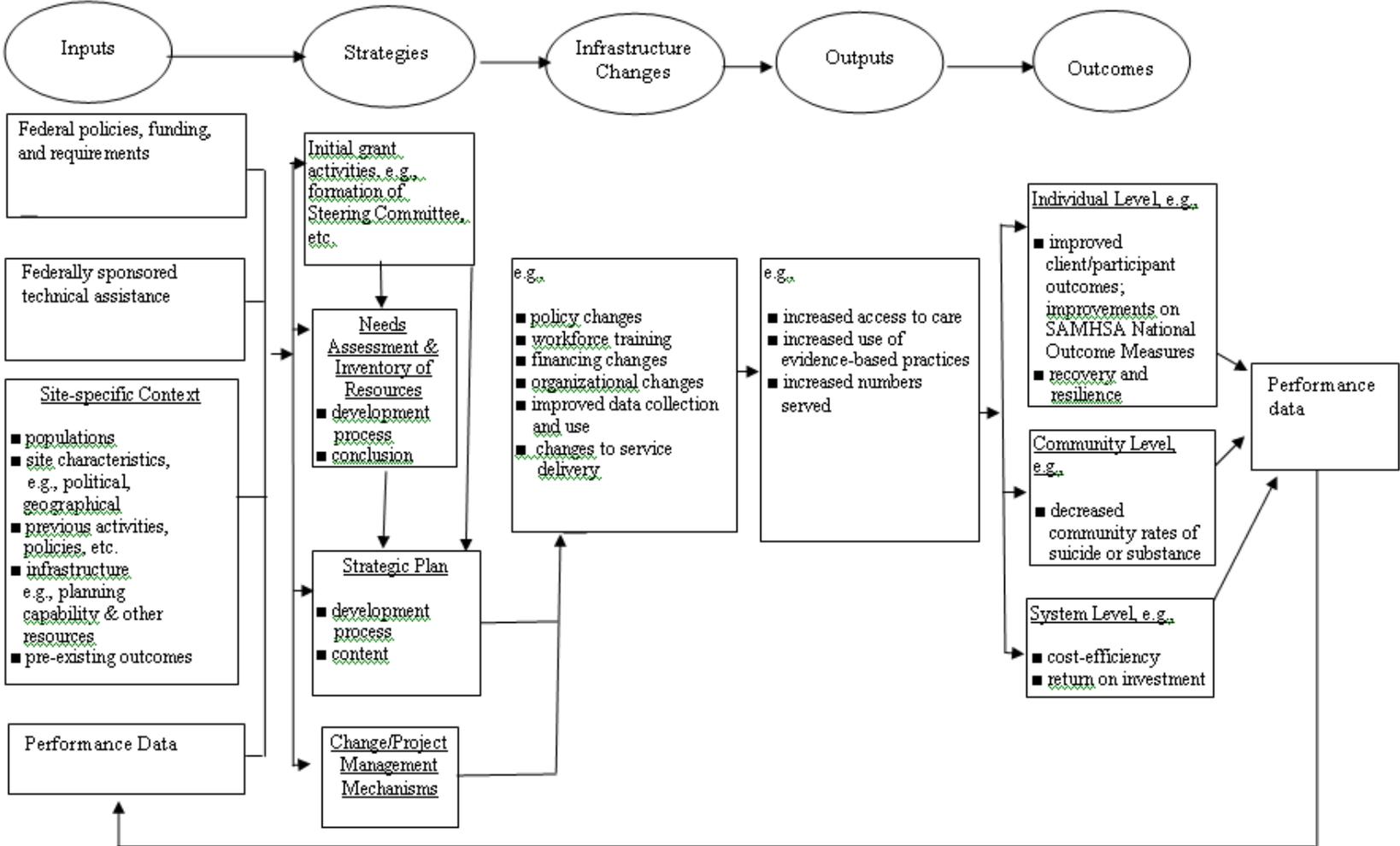
Outputs from these infrastructure changes depicted in the sample logic model include such things as increased access to care, increased use of evidence-based practices, and increased numbers served.

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

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

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

Sample Logic Model



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 – 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: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials 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 that make up the 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
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

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

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

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 the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

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

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

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
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

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

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

***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. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A)
\$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A)
\$5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) \$177,806

=====

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2011	b. End Date:	09/29/2016
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

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 two elements below. 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 and participant protection identified during peer review of the application must be resolved prior to funding.

1. 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.

2. 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.
- 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.
- 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?

Appendix H- Frequently Asked Questions

This RFA is the result of an Interagency Agreement between the State Department's Bureau of International Narcotics and Law Enforcement Affairs (State/INL) and SAMHSA, funded by State/INL and administered by SAMHSA.

1. Are there fiscal, reporting, property, and other administrative requirements specific to this cooperative agreement that come from State/INL?

ANSWER: Yes, as follows.

Project Administration

- The grantee will budget indirect costs at a rate of 8% of modified total direct costs, exclusive of tuition and fees, expenditures for equipment and subawards and contracts in excess of \$25,000.
- In addition to the foreign travel notification requirements in the IAA, the grantee will secure written approval from SAMHSA for each foreign trip planned as part of this project.
- The grantee will obtain SAMHSA approval for all foreign subawards.
- Adjustments to an individual project plan that are greater than 10% within the amount provided must be agreed to in advance in writing.
- In the event excess funding remains prior to the expiration of the IAA at the end of the 12-month project period, the unliquidated balance of funds shall be expended by SAMHSA, the performing agency, as directed by State/INL or deobligated.
- Funding through this IAA also incorporates overhead funding rates subject to periodic review as agreed to SAMHSA and State/INL for programs to be implemented by SAMHSA as agreed to by the performing and requesting agencies in this IAA as part of this project.
- The grantee and SAMHSA will consult with the Embassy Country Team in Iraq regarding student selection and course scheduling for the training called for in the core training plan developed by the grantee and the GOI team.
- The grantee and SAMHSA will provide reasonable notice to State/INL program officers regarding the planning and timing of the technical assistance and training activities implemented as part of this program.
- SAMHSA will notify State/INL of travel by its grantee and other individuals outside of SAMHSA who are working on this Initiative. This information will include the names, titles and purpose of the visit(s).

Progress Reports

Because SAMHSA is required to furnish State/INL with quarterly financial and progress reports for this project, the grantee must follow the formats for such reporting as attached, and must include, at a minimum, the following information/documentation:

- Dates, a synopsis of the events, and information indicating SAMHSA's and the grantee's progress toward meeting project goals as described in the RFA. Reports on training courses must include the activity dates, a list of participants (including rank and position);
- Overall project status (complete, terminated, active, projected completion date, a brief description of the work done, and progress based on defined performance metrics);
- Funds obligated, delivered services, paid and unliquidated, pipeline (both obligated and unobligated), remaining unobligated balances and expended in the Interagency Payment and Collection (IPAC) system itemized by the summary obligation for each project and compared to the budgeted amounts;
- Remaining unobligated balance of funds and projected funding needed for completion; and
- A summary of any critical issues or challenges and a plan of action in response to them.

Property and Equipment Ownership and Control

- Funds expended in furtherance of the purposes set forth in this Initiative are provided for the benefit of the Government of Iraq. Accordingly, State/INL will retain title of all real and personal property acquired as direct costs (that is, not with overhead funds) with funds from this IAA transferred to the custody of the performing agency for this project to use in carrying it out.
- The grantee will establish inventory records to document the receipt, location, identification data, disposal, and other transactions affecting the status of property in (A) above, including property directly acquired described above.
- SAMHSA agrees to dispose or transfer the property acquired in coordination with and as directed in writing by State/INL. It will retain title to any real or personal property purchased by it with funds provided to SAMHSA for its indirect costs (that is, with overhead funds).
- SAMHSA will give notice to State/ INL prior to the transfer of commodities procured under this agreement to Iraq.

- State/INL and SAMHSA intend that SAMHSA and its grantee, using their subject matter expertise, will develop course and reference materials for use by both the SAMHSA and State/INL in furtherance of the purposes of this agreement. While State/INL's use of these materials is unrestricted, State/INL will limit distribution of such materials, to the extent permitted by U.S. law, to ensure that the materials are only circulated to those having a need for the materials in furtherance of the purposes of this IAA. The materials will be marked as developed by SAMHSA, and when feasible, State/INL will give reasonable notice to SAMHSA of its distribution of the materials.

Certification for Training Recipients

- Each recipient of training, through this grant program, must certify that they have not been involved in drug trafficking by completing the certification included in **Appendix I** of this RFA.

Other Administrative Terms and Conditions

- The grantee agrees to utilize host government (Iraq) training facilities when and wherever feasible and advisable.
- When arranging air travel, SAMHSA and its grantee will use the Federal Travel Regulations (FTR) and SAMHSA policies for travel by Federal civilian employees and others authorized to travel at Government expense (or performing agency travel guidelines, if more restrictive).

2. Will SAMHSA adhere to its own grant management requirements and procedures in awarding and administering this cooperative agreement?

ANSWER: In implementing this project, SAMHSA and the grant recipient will adhere to the HHS 5161 Grant Application requirements including the terms and conditions incorporated either directly or by reference in the following:

- a. the grant program legislation and program regulation cited in the Notice of Award.
- b. the restrictions on the expenditure of Federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statements.
- e. the terms and conditions cited in the Request for Application (RFA) and the Notice of Award.

Such terms and conditions related to SAMHSA's project administration will include items such as the following:

- The grantee will budget indirect costs at a rate of 8% of modified total direct costs, exclusive of tuition and fees, expenditures for equipment and subawards and contracts in excess of \$25,000.
- In addition to the foreign travel notification requirements in the IAA, the grantee will secure written approval from SAMHSA for each foreign trip planned as part of this project.
- The grantee will obtain SAMHSA approval for all foreign subawards.

3. Who are the participants in this cooperative agreement?

- **GOI (Government of Iraq) team:** The four GOI members of the MOH-selected substance abuse team who participated in the Second Cohort of the Iraq-SAMHSA Initiative in the fall of 2010.
- **Team lead:** The leader of the GOI team identified by the GOI, Dr. Nesif al-Hemiary.
- **MOH:** Iraq's Ministry of Health (MOH).
- **Program Director (US-based):** The Program Director will plan and manage this activity, and provide substantive expertise to the GOI team in finalizing the Strategic Plan for the Center of Excellence, and help the team develop an overall Program Evaluation Plan for this project. He or she will also plan and arrange the clinical services training needed by Iraq staff, and will hire lead program staff in Iraq as detailed below. He or she is expected to have sufficient experience working in the Middle East on substance abuse issues to be able to plan and secure appropriate training opportunities for Iraqi staff over the course of this project.
- **Program Coordinator (US-based):** The Program Director will hire a program coordinator to help manage the activities outlined in the RFA.
- **Lead Program Staff in Iraq:** The Program Director will hire Iraq-based program staff to help him plan and administer program activities. These staff will include a **Program Manager** who will work with the Program Director to manage and oversee the activities outlined below, and a **Project Coordinator**, who will help the Program Manager and the MOH to plan and manage this Initiative, including coordination with the Coordinating Committee, the GOI and the MOH.
- **Coordinating Committee:** The Program Director will chair and regularly convene (by phone) a Coordinating Committee to oversee the progress of the Initiative. The Coordinating Committee will include the lead program staff in Iraq and the GOI team. SAMHSA will participate in the Coordinating Committee as an ex officio member to help with general planning, management and oversight of the

Initiative. The Program Director may also consult with members of the Planning Group on Iraq Mental Health, which SAMHSA coordinates, during the project.

Appendix I- Certification for Training Recipients

NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:
 - a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotics or psychotropic drugs or other controlled substances.
 - b. I am not and have not been an illicit trafficker in any such drug or controlled substance.
 - c. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.
2. I understand that United States Department of State (DOS) may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my DOS-financed training.

Signature: _____

Name: _____

Date: _____

NOTICE

1. **You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.**
2. **If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.**