

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

**Cooperative Agreements for State-Sponsored Youth**  
**Suicide Prevention and Early Intervention**

**(Short Title: State and Tribal Youth Suicide Prevention**  
**Grants)**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-11-001**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by February 16, 2011.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2011 Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Cooperative Agreements). The purpose of this program is to support States and tribes in developing and implementing Statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

<b>Funding Opportunity Title:</b>	State/Tribal Youth Suicide Prevention Grants
<b>Funding Opportunity Number:</b>	SM-11-001
<b>Due Date for Applications:</b>	February 16, 2011
<b>Anticipated Total Available Funding:</b>	\$15.3M
<b>Estimated Number of Awards:</b>	32
<b>Estimated Award Amount:</b>	Up to \$480,000 per year
<b>Cost Sharing/Match Required:</b>	No
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligible applicants are limited to States, Federally Recognized Tribes/Tribal Organization and Private/Non-Profit Organizations designated by the State and/or Tribe/Tribal Organization.[See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2011 for Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Cooperative Agreements). The purpose of this program is to support States and tribes in developing and implementing statewide and/or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

As a result of the Garrett Lee Smith State/Tribal Youth Suicide Prevention grants, states, tribes and communities will:

- increase the number of persons in youth serving organizations such as schools, foster care systems, juvenile justice programs, trained to identify and refer youth at risk for suicide
- increase the number of health, mental health, and substance abuse providers trained to assess, manage and treat youth at risk for suicide
- increase the number of youth identified as at risk for suicide
- increase the number of youth at risk for suicide referred for behavioral health care services
- increase the number of youth at risk for suicide who receive behavioral health care services
- increase the promotion of the National Suicide Prevention Lifeline

State/Tribal Youth Suicide Prevention Grants are authorized under the Garrett Lee Smith Memorial Act (Section 520E-1 of the Public Health Service Act, as amended). This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-28 and SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness - Goal 1.3 (Prevent suicides and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives (AI/AN)).

Applications responsive to this Request for Application must implement evidence-based or best practices that will create or expand capacity to address the following SAMHSA Strategic Initiative: Prevention of Substance Abuse and Mental Illness - Create prevention prepared communities where individuals, families, schools, workplaces, and communities take action to prevent and reduce mental illness and substance abuse

across the lifespan. Successful applications will also address the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to lesbian, gay, bisexual, or transgender (LGBT) youth, AI/AN, military family members and veterans.

The State/Tribal Youth Suicide Prevention Grant Program is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4<sup>th</sup> month of the project at the latest. SAMHSA expects grantees to work collaboratively with the Suicide Prevention Resource Center on State and with the National Action Alliance SAMHSA.

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).

## **2. EXPECTATIONS**

SAMHSA requests that applicants address the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to lesbian, gay, bisexual, or transgender (LGBT) youth, AI/AN, military family members and veterans. Other high-risk groups might include Latina youths, older adults, individuals with disabilities, survivors of suicide attempts and of suicide loss, and working-aged men and women. Applicants are also expected to consider to what degree their proposed activities will coordinate additional streams of prevention funding/programs (such as substance abuse prevention, violence prevention, etc.) in the community as well as current or committed partnering with Garrett Lee Smith Suicide Prevention-funded university campuses in the State/Tribe. Grantees are encouraged to visit <http://www.findyouthinfo.gov> to locate potential program partners.

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

- Providing outreach and other strategies to increase participation in, and access to, treatment or prevention services to underserved populations. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are treatment services available and your organization has the ability to connect individuals with those services.
- Providing direct treatment (including screening, assessment, and care management) or prevention services for populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs.

- Providing “wrap-around”/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.
- Develop and implement State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, primary care, mental health programs, foster care systems, and other child and youth support organizations. Support public and private nonprofit organizations actively involved in the development and continuation of State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies.
- Provide support to institutions of higher education to coordinate or implement State-sponsored youth suicide early intervention and prevention strategies.
- Collect and analyze data on State-sponsored Statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and to advance research, technical assistance, and policy development. Assist eligible entities, through State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies, to achieve targets for youth suicide reductions under Title V of the Social Security Act

Grantees must meet the following requirements:

- At least 85 percent of grant funds must be used for direct services, of which at least 5 percent must be given to institutions of higher learning to coordinate, implement or evaluate youth suicide early intervention or prevention strategies.
- Grantees are required to submit and follow a Statewide or tribal suicide prevention plan submitted in Appendix 4 of your application. However, grant funded initiatives do not have to be proposed for every locality in a State or Tribe. Some applicants may develop programs that do address every locality, but others may choose to focus on specific geographical areas or populations. Those who do the latter must target areas, regions, or populations with rates of youth suicide attempts or suicide that exceed the national average as determined by the Centers for Disease Control and Prevention. In providing assistance to entities within the State, grantees must give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education and tribal organizations actively involved with the State-sponsored Statewide or tribal youth suicide early intervention and prevention strategy that:

- Provide early intervention and assessment services to youth who are at risk for mental or emotional disorders, substance abuse disorders, and co-occurring mental and substance abuse disorders that may lead to suicide or a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems and other child and youth support organizations.
- Demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration and include a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community.
- Provide timely referrals for appropriate community mental health care and treatment to youth who are at risk for suicide or suicide attempts and immediate support and information resources to families of youth who are at risk for suicide, such as families of youth who have attempted suicide.
- Offer appropriate intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently died by suicide.
- Conduct information and awareness campaigns that highlight the risk factors associated with youth suicide and the availability of care. Such campaigns must use effective communication mechanisms that are targeted to and reach at-risk youth, families, educators, childcare professionals, youth workers, community care providers, or the general public. (See the NIMH-sponsored Reporting on Suicide: Recommendations for the Media at <http://www.nimh.nih.gov/suicideresearch/mediasurvivors.cfm>)
- Ensure that educators, foster care, juvenile justice, childcare professionals and community care providers are properly trained to effectively identify youth who are at risk for suicide. Provide ongoing training for those individuals on the latest youth suicide early intervention and prevention services practices and strategies. Ensure that health, mental health and substance abuse professionals are properly trained on an ongoing basis to effectively identify, assess and manage youth who are at risk for suicide. Ensure that training is part of a more comprehensive suicide prevention plan.
- Grantees must form or participate in an existing public/private coalition of youth-serving institutions and agencies, which includes schools and other educational institutions, foster care systems, juvenile justice systems,

childcare systems, health, mental health and substance abuse agencies, and other child and youth supporting organizations.

- Grantees and subrecipients of grant funds shall obtain prior written, informed voluntary consent from the child’s parent or legal guardian for assessment services, school sponsored programs and treatment involving medication related to youth suicide conducted in elementary and secondary schools except:
  - In an emergency, where it is necessary to protect the immediate health and safety of the student or other students, or
  - Other instances, as defined by the State, where parental consent cannot be reasonably obtained.

Note: These requirements do not supersede section 444 of the General Education Provisions Act, including the requirement of prior voluntary parental consent for the disclosure of any educational records. These requirements also do not modify or affect parental notification requirements for programs authorized under the Elementary or Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001).

- Suicide assessment, early intervention, and treatment services may not be provided for youth whose parents or legal guardians object based on their religious beliefs or moral objections.
- School personnel may not require that a student obtain any medication as a condition of attending school or receiving services.

Applicants must screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

## **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(s) of focus. An evidence-based practice (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(s) of focus;

- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the population of focus;
- 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.

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix C](#) for additional information about using EBPs.

## 2.2 Data Collection and Performance Measurement

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

Grantees will be required to report performance the following measures:

- The number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the grant
- The number of organizations that entered in formal written inter/intra-organizational agreements (such as MOUs, MOAs) to improve mental health-related practices/activities as a result of the grant
- The number of individuals exposed to mental health awareness messages
- The number of individuals who have received training in prevention or mental health promotion
- The number of individuals screened for mental health or related interventions
- The number of individuals referred to mental health of related services
- The number and percentage of individuals receiving mental health or related services after referral

This information will be reported using the **Transformation Accountability (TRAC) system** which can be found at <https://www.cmhs-gpra.samhsa.gov>, 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]. Data will be collected quarterly through the TRAC system.

**Cross-site Evaluation.** In addition to TRAC measures, grantees are expected to collect and report findings for the Cross-Site Evaluation, which will be conducted under a separate SAMHSA contract ("Suicide Prevention Evaluation Contract"). The initial evaluation design and approach for use with previously funded cohorts was approved for implementation in May 2007. Participation in the cross-site evaluation is required, and that will involve participation in either the initial cross-site evaluation approach or a revised alternative approach. To support implementation of the cross-site evaluation, grantees will receive training and technical assistance from the Suicide Prevention Evaluation Contractor. Applicants must state their commitment to cooperate with the Suicide Prevention Evaluation Contractor in their applications. Participation in the cross-site evaluation will likely entail participation in training visits, completing data reports/inventories, data entry, applying for and receiving Institutional Review Board Clearance when appropriate, respondent identification and utilizing a Web-based database developed in consultation with the Contractor.

GPRA data and cross-site evaluation information will be used to report on relevant SAMHSA National Outcome Measures (NOMs) which have been defined by SAMHSA as key priority areas relating to mental health as well as assessing the overall effectiveness of the State/Tribal Youth Suicide Prevention Grants.

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

### **2.3 Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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

#### *Outcome Questions:*

- What was the effect of the intervention on key outcome goals?

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

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

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached, referred, trained through the program?

**No more than 15% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-[2.2](#) and [2.3](#) above.**

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

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

- Developing partnerships with other service providers for service delivery.

- Enhancing your computer system, management information system (MIS), electronic health records, etc.

## 2.4 Grantee Meetings

The grantee must budget to attend three 3-day meetings, one in each grant year, with the SAMHSA Government Project Officer (GPO), other Federal staff involved with Federal suicide prevention efforts, the Suicide Prevention Evaluation Contractor, other State/tribal grantees and the Suicide Prevention Resource Center. Locations will be determined at a later date but grantees should estimate costs for Washington, D.C. The grantee should plan on sending three to five representatives (including the Project Director, grant evaluator, and, if possible, at least one member of the program's public-private coalition) to each meeting.

## II. AWARD INFORMATION

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

**This program is being announced prior to the appropriation for FY 2011 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2011. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2011 to permit funding of a reasonable number of applications solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.**

These awards will be made as **cooperative agreements**.

### **Cooperative Agreement**

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

#### Role of Grantee:

The role of the grantee is to comply with the terms of the award and all cooperative agreement rules and regulations, and satisfactorily perform activities to achieve the goals described below:

- Seek SAMHSA approval for key positions to be filled. Key positions include, but are not limited to, project director and evaluation director;
- Consult with and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve goals of the cooperative agreement;
- Maintain ongoing communication with SAMHSA, keeping Federal program staff informed of emerging issues, developments, and problems, as appropriate;
- Include the GPO on policy, steering, advisory or other task forces; and
- Maintain ongoing collaboration with the Evaluation Contractor and with the Suicide Prevention Resource Center.
- Collaborate with the National Action Alliance for Suicide Prevention.
- Participate in data/program performance assessment efforts explained in Section I-3 and I-4 of this RFA.

Role of SAMHSA Staff:

- Approve proposed key positions/personnel;
- Facilitate linkages to other SAMHSA/Federal government resources and help grantees access appropriate technical assistance;
- Coordinate cross-site evaluation participation of grantee and staff required conference calls;
- Assure that State/tribe's youth suicide prevention and early intervention projects are responsive to SAMHSA's mission, including implementation of the *National Strategy for Suicide Prevention*;
- Promote collaboration with other SAMHSA and Federal health and behavioral health initiatives, including the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grant programs; and the National Action Alliance for Suicide Prevention
- Provide technical assistance on sustainability issues.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are:

- States (Including D.C. and the Territories)

- Federally recognized Indian tribes, tribal organizations (as defined in the Indian Self-Determination and Educational Assistance Act), or urban Indian organizations (as defined in the Indian Health Care Improvement Act) that are actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy
- Public or private non-profit organizations designated by a State, federally recognized Indian tribe, tribal organization, or urban Indian organization, to develop or direct the State/tribal-sponsored youth suicide prevention and early intervention strategy

No single State agency is mandated to be the lead for State/Tribal Youth Suicide Prevention Program grants, as States differ in which State agency has taken the lead for suicide prevention (e.g., Department of Health, Department of Mental Health). Where States have a plan that designates a lead agency, that agency should act as the lead or should designate an alternative lead for State/Tribal Youth Suicide Prevention Grant Program. If the State plan does not designate a lead agency, justify the selection of the lead agency for this application. The statutory authority for this program prohibits grants to for-profit agencies.

States and/or Tribes who have been previous recipients of the State/Tribal Youth Suicide award are eligible but are required to address how this grant award will build on and/or expand the work of the earlier grant awards and not simply continuing what was done.

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

## **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 two 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.

### 3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. All State and Tribal Suicide Prevention grantees must have the capacity to refer to direct behavioral health treatment services.

You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment, substance abuse prevention, mental health) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment 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 mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible Tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable Tribal licensing, accreditation, and certification requirements, as of the due date of the application.]**

Following application review, if your application's score is within the funding range, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment 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 the services are to be provided; and
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>1</sup>
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other tribal 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 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;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and

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<sup>1</sup> Tribes and tribal organizations are exempt from these requirements.

- a list of certifications and assurances referenced in item 21 of the SF 424 v2.
- Frequently Asked Questions (FAQs) on the current RFA.

## 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.]
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) 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 HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix I of this document.
- Project Narrative and Supporting Documentation – **The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.**

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

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
- **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will

send the GPO the required documentation within the specified time; (4) letters of commitment and/or support.

- **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
- **Attachment 4:** Letter to the SSA (if applicable; see Section IV-4 of this document)
- **Attachment 5:** A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.
- **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 Screen out 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 **February 16, 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

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.”

#### 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 “**State/Tribal Youth Suicide Prevention Grants SM-11-001**” 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. 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. See [Appendix E](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

#### **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>:

- 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 State/Tribal Youth Suicide Prevention 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 15% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

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

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

### **Section A: Statement of Need (10 points)**

- With respect to the primary purpose and goals of the grant program:
  - Describe and justify your population of focus
  - Describe and justify the geographic area to be served
  - Describe existing service gaps.
  - Demographic information on the population(s) of focus, e.g. race, ethnicity, age, socioeconomic status, geography must be provided.
- Describe the nature of the problem and document the extent of the need (e.g. current prevalence rates or incidence data for suicidal ideation, attempts or deaths by suicide) for the population(s) of focus based on data. The statement of need should include a clearly established baseline for the project. 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 can come from local epidemiologic data, State data (e.g. from state needs assessment, 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.
- Applicants must show that needs are consistent with priorities of the tribe, tribal organization, State or county that has primary responsibility for the service delivery system.
- Discuss how the proposed project will address needs identified in the State or

tribe's suicide prevention plan and provide a copy of the plan in Attachment 5 of your application.

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

- Describe plans for ensuring that the services implemented through the project will be drawn from the following resources:

SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>; SAMHSA's National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/> ; CMHS Evidence-based Practice Tool Kits <http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp>; Practices supported in the *National Strategy for Suicide Prevention* (<http://www.mentalhealth.samhsa.gov/suicideprevention>); Please see the Suicide Prevention Resource Center Web site (<http://www.sprc.org>) for additional information on suicide prevention programs.

- Using the above list of resources to select evidence based practices, identify the evidence based service(s)/practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Include the source of your information (See Section I-2.1 and Appendix C, Using Evidence Based Practices).
  - Discuss the evidence that shows that this practice is effective with your population(s) of focus.
  - Document the evidence that the practice(s) you have chosen is (are) appropriate for the outcomes you want to achieve.
  - If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for the population(s).
  - 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 practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identify – sexual orientation and gender identity; and
  - Disability.
- Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix G for a sample logic model.)
- Include a statement indicating your intention to work collaboratively with the Suicide Prevention Resource Center on State and with the National Action Alliance for Suicide Prevention and how you will partner with other prevention and/or health/wellness related programs including Garrett Lee Smith grantees in the area.

### **Section C: Proposed Implementation Approach (30 points)**

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section E, Performance Assessment and Data.
- Describe and provide a rationale for the anticipated impact the proposed project will have on your community.
- Describe how achievement of the goals will produce meaningful and relevant results (e.g. increase access, availability, prevention, outreach, pre-services, treatment and/or intervention) and support SAMHSA's goals for the program.
- Describe how the proposed service(s) or practice(s) will be implemented.
- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and the anticipated outcomes.

- Provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant:
  - service provision [must be at least 65%]
  - infrastructure development [can be no more than 15%]
  - data collection and performance measurement and assessment [can be no more than 20%]
  - grant administration
- Describe how you will identify, recruit and retain the population(s) of focus (e.g., youth at-risk identified by the National Action Alliance for Suicide Prevention; including, but not limited to lesbian, gay, bisexual, or transgender (LGBT) youth, AI/AN, military family members and veterans.) Using your knowledge of the language, beliefs, norms and values, and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population e.g. collaborating with community gatekeepers.
- Describe how you will ensure the input of youth and families in assessing, planning and implementing your project.
- Describe how 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 or support from community organizations supporting the project in Attachment 1.
- 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 begin as soon as possible and no later than 4 months after the 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.
- Explain how your implementation will support Goal 1.3 of SAMHSA's Strategic Initiative: Prevention of Substance Abuse and Mental Illness (Prevent suicides

and attempted suicides among populations at high risk, especially military families, youth, and American Indians and Alaska Natives) and how it will support the Action Alliance.

- Explain how your project will reach youth at risk for suicide or suicide attempts, such as, but not limited to AI/AN youth; Native Hawaiian and other Pacific Islander youth; Latina adolescents; Justice-involved youth; youth in the foster care system; Trauma survivors; youth who have abused substances; school drop outs and unemployed young people; Returning veterans and their families; LGBT youth (gay, lesbian, bisexual, transgender youth; Youth who have already attempted suicide (and are thus at heightened risk for a further attempt or death by suicide) or have been seen in Emergency Departments.
  - Describe plans for ensuring how access to emergency care will be assured for youth identified as being at immediate risk for suicide or suicide attempts and how follow up after emergency care will be promoted.
  - Describe plans for facilitating and monitoring cross-system referrals and continuity of care for youth at risk, including follow up of youth who have attempted suicide.
  - Describe how parental consent will be obtained and family involvement promoted. The Garrett Lee Smith Memorial Act requires that States, tribes, and entities receiving funding under this Act shall obtain prior, written informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. This requirement does not apply:
    - In an emergency, when it is necessary to protect the immediate health and safety of the student or other students; or
    - Other instances, as defined by the State, where parental consent cannot reasonably be obtained.

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

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
- 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(s) 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-2.2 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-2.3 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 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 15% of the total grant award will be used for data collection, performance measurement and

performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in [Appendix I](#) 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 HHS 5161-1 instruction page, available on the SAMHSA Web site.

## **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 as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

## **VI. ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

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-2.2](#), you must comply with the following reporting requirements:

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

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.
- 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 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 State/Tribal Youth Suicide Prevention grant program are described in [Section I-2.2](#) 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:

Michelle Carnes, Ph.D.  
Center for Mental Health Services; Division of Prevention, Traumatic Stress and Special Programs – Suicide Prevention Branch  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1096  
Rockville, Maryland 20857  
(240) 276-1869  
[michelle.carnes@samhsa.hhs.gov](mailto:michelle.carnes@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road

Room 7-1085  
Rockville, Maryland 20857  
(240) 276-1408  
[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov)

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

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

- Use the 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 J](#) 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](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

**If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.** 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](http://www.grants.gov/applicants/get_registered.jsp).

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 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 15,450 words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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 – Using Evidence Practices (EBPs)

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(s) 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(s) 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(s) 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(s) 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(s) 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.

## Appendix D – 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 mental health/substance abuse treatment 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 mental health/substance abuse treatment 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 mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>2</sup> (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.)
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation,

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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Signature of Authorized Representative

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Date

## Appendix E – Intergovernmental Review (E.O. 12373) Requirements

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

- Check the list to determine whether your 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 Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-11-001. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)<sup>3</sup> to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS

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<sup>3</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's Web site at <http://www.samhsa.gov>. A listing of the SSAs for mental health can be found on SAMHSA's Web site at <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3509/page4.asp>. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-11-001**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

## 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.
- 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.

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 Logic Model

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

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

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

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

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

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

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

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

### Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People Staff – hours Volunteer – hours</p> <p>Funds</p> <p>Other resources Facilities Equipment Community services</p>	<p>Outreach Intake/Assessment Client Interview</p> <p>Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention</p> <p>Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices</p> <p>Other Services Placement in employment Prenatal care Child care Aftercare</p> <p>Program Support Fundraising Long-range planning Administration Public Relations</p>	<p>Waiting list length Waiting list change Client attendance Client participation</p> <p>Number of Clients: Admitted Terminated <u>Inprogram</u> Graduated Placed</p> <p>Number of Sessions: Per month Per client/month</p> <p>Funds raised Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram</u>: Client satisfaction Client retention</p> <p>In or <u>postprogram</u>: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime</p>

## Appendix H – 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 I – 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
			<b>TOTAL</b>	<b>\$52,765</b>

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The Project Director will provide daily oversight of the grant and will be considered key staff.

The coordinator will coordinate project services and project activities, including training, communication and information dissemination.

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 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
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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
		<b>TOTAL</b>	<b>\$10,896</b>

**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
			<b>TOTAL</b>	<b>\$2,444</b>

**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
	<b>TOTAL</b>	<b>\$3,796</b>

**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**

<b>Name</b>	<b>Service</b>	<b>Rate</b>	<b>Other</b>	<b>Cost</b>
(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
(3) Jane Doe (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 Doe	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
			<b>TOTAL</b>	<b>\$86,997</b>

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

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.

Treatment services for clients to be served based on organizational history of expenses.

Case manager is vital to client services related to the program and outcomes.

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.

Marketing Coordinator will develop a plan to include public education and outreach efforts to engage members 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.

**\*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
	<b>TOTAL</b>	<b>\$15,815</b>

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

For information on applying for the indirect rate go to: [samhsa.gov](http://samhsa.gov) then click on Grants – Grants Management – 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**

**HHS - 5161-1: Sample 424 (Section 17 & 18) should reflect total proposed project years and funding**

**17. Proposed Project**

<b>*a. Start Date:</b>	09/30/2011	<b>b. End Date:</b>	09/29/2016
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**18. Estimated Funding (\$)**

<b>*a. Federal</b>	\$889,030
<b>*b. Applicant</b>	
<b>*c. State</b>	
<b>*d. Local</b>	
<b>*e. Other</b>	
<b>*f. Program Income</b>	

*g. TOTAL	\$889,030
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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 Cost
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
<b>Total Direct Costs*</b>	<b>\$172,713</b>	<b>\$172,560</b>	<b>\$172,403</b>	<b>\$172,241</b>	<b>\$172,074</b>	<b>\$861,991</b>
Indirect Costs*	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$889,030</b>

\*TOTAL DIRECT COSTS:

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

\*TOTAL INDIRECT COSTS:

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

**\*\* FOR REQUESTED FUTURE YEARS:**

3. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

4. If a cost of living (COL) is included in future years, provide your organization's personnel policy and procedures/board minutes approval for each requested future year.

**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**

ADD BELOW: OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER

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