

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

**National Child Traumatic Stress Initiative Combined  
RFA: Treatment and Service Adaptation Centers -  
Category II and the Community Treatment and  
Services Centers - Category III  
(Initial Announcement)**

**Request for Applications (RFA) No. SM-11-011**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by June 3, 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 announces the availability of funds to continue and expand grant activities funded under the National Child Traumatic Stress Initiative, Treatment and Service Adaptation Centers - Category II, and Community Treatment and Services Centers - Category III. The purpose of this **one-year** grant award for the Treatment and Services Adaptation Centers (TSA) and the Community Treatment and Services Centers (CTS) is to continue and enhance current trauma treatment and services, and expand their activities to the child welfare system and juvenile justice/dependency court systems and/or publicly funded child mental health system providing services to these systems.

<b>Funding Opportunity Title:</b>	National Child Traumatic Stress Initiative Combined RFA: Treatment and Service Adaptation Centers - Category II and the Community Treatment and Services Centers - Category III
<b>Funding Opportunity Number:</b>	SM-11-011
<b>Due Date for Applications:</b>	June 3, 2011
<b>Anticipated Total Available Funding:</b>	\$7 million
<b>Estimated Number of Awards:</b>	Up to 5 Treatment and Service Adaptation Center - Category II Awards  Up to 10 Community Treatment and Services Centers - Category III Awards
<b>Estimated Award Amount:</b>	Up to \$600,000 for Treatment and Service Adaptation Center - Category II Awards  Up to \$400,000 for Community Treatment and Services Centers - Category III Awards
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 1 year

<b>Eligible Applicants:</b>	Eligibility is limited to the FY 2007 Cohort for the National Child Traumatic Stress Initiative, Treatment and Service Adaptation Center - Category II and Community Treatment and Services Centers - Category III Grantees.  [See <a href="#">Section III-1</a> of this RFA for complete eligibility information. See Appendix K for a list of eligible applicants.]
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# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services announces the availability of funds to continue and expand grant activities funded under the National Child Traumatic Stress Initiative, Treatment and Service Adaptation Centers - Category II, and Community Treatment and Services Centers - Category III. The purpose of this **one-year** grant award to the Treatment and Services Adaptation Centers (TSA) – Category II and the Community Treatment and Services Centers (CTS) Category III is to continue and enhance current trauma treatment and services, and to expand their activities to the child welfare system and juvenile justice/dependency court systems and/or the publicly funded child mental health system providing services to these systems.

This RFA has been developed for both TSA and CTS Centers to apply for funding. Separate requirements are listed for each in Section I of this RFA. TSA Centers and CTS Centers are to respond to the Evaluation Criteria in Section V-1 (Sections A and B) that have been designed specifically for them.

The overall goal of the National Child Traumatic Stress Initiative (NCTSI) is to improve treatment and services for children and adolescents who have experienced traumatic events and to increase access to these treatments and services throughout the United States. The initiative is designed to address child trauma issues by creating a National Network of grantees—the National Child Traumatic Stress Network (NCTSN)—that works collaboratively to develop and promote effective trauma treatment, services and other resources for children and adolescents exposed to an array of traumatic events. The NCTSN Centers collaborate to develop, implement, and evaluate effective trauma treatment and services and partner with other community agencies to transform service delivery approaches so that trauma services are effectively implemented within local child-serving community service systems.

To date, NCTSI has developed and implemented effective interventions to reduce immediate distress from exposure to traumatic events; developed and provided training in trauma-focused services for use in child mental health clinics, schools, child welfare and protective services, among other service areas; and developed widely used intervention protocols for disaster victims.

### Treatment and Service Adaptation Centers (TSA) - Category II

Treatment and Service Adaptation (TSA) Centers – Category II provide national expertise on specific types of traumatic events, population groups and service systems, and support the specialized adaptation of effective treatment and service approaches for communities across the country. TSA Centers are expected to build partnerships

with CTS Centers that strengthen NCTSN's networks, promote innovation, and increase the quality and accessibility of trauma-informed interventions and practices. TSA Centers also develop training and implementation approaches for trauma interventions so that these interventions can be disseminated throughout the country. Additionally, TSA Centers are also expected to enhance and expand training and implementation approaches in community and child-serving service system settings so that these interventions can be disseminated throughout the country.

### Community Treatment and Services Centers (CTS) - Category III

The Community Treatment and Services (CTS) Centers – Category III are community-focused Centers that promote the local use of trauma-informed practices and interventions for children and adolescents. CTS Centers implement and evaluate effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems. CTS's also collaborate with other NCTSN networks on clinical issues, service approaches, policy, financing, and training issues. The Centers are expected to identify trauma-informed practices and interventions that address child trauma needs in their communities, collaborate with TSA Centers that target similar priority areas, and work with other community agencies to promote trauma-informed service delivery within local community service systems.

SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. This RFA is part of SAMHSA's effort to achieve the goals of the Trauma and Justice Strategic Initiative by developing a public health approach to trauma that strengthens surveillance, prevention, screening, and treatment and supports trauma-informed systems. More information on SAMHSA's Strategic Initiatives is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>.

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).

National Child Traumatic Stress Initiative grants are authorized under section 582 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## 2. EXPECTATIONS

SAMHSA expects currently-funded TSA and CTS Centers that focus on the child welfare and/or juvenile justice system to continue and enhance their activities. The TSA and CTS Centers that have not focused trauma treatment and services on the child welfare and/or juvenile justice system are expected to expand their scope of activities to include these systems in addition to publicly funded child mental health systems that provide services to these two child-serving systems.

### Expectations for TSA Centers – Category II

TSA Centers are expected to have achieved an expertise and substantial progress in intervention development, training, evaluation, and dissemination in the area of trauma. A key goal of TSA Centers is to identify effective trauma treatment and service approaches that can be implemented in community settings and in child-serving service systems across the country. TSA Centers are expected to expand and enhance their intervention development through the following activities:

- Continue providing leadership in the National Child Traumatic Stress Network (NCTSN) on identification, refinement, and adaptation of effective treatment and service approaches.
- Serve as a continuing resource for training, consultation, and assistance to other TSA and CTS Centers, and the National Center for Child Traumatic Stress in their areas of trauma expertise.
- Expand implementation of trauma interventions in their areas of trauma expertise to new populations.
- Enhance or expand previous and/or ongoing efforts to support the development of trauma-informed child welfare and juvenile justice systems. If not previously involved in the child welfare and juvenile justice systems, initiate partnerships with these systems to develop support and resources to these systems in the area of trauma that is the TSA's focus.
- Collaborate with the National Center for Child Traumatic Stress and other TSA Centers to organize NCTSN's resources in support of efforts to develop model "trauma-informed" child welfare and juvenile justice systems.
- Assess quality and outcomes of intervention implementation and adapt and improve treatment and services approaches so that interventions are more effective in the targeted systems.
- Develop additional intervention products (i.e., protocols, manual, training materials, etc.) so that effective treatment and practice approaches can be

replicated and disseminate effective treatment and service approaches to an array of community and service system providers across the country.

- Participate in clinical data collection, both in the development of clinical data protocols for NCTSN and to document the effectiveness of Network child trauma interventions.

Limited direct service delivery may be supported in TSA Center grants, but only for the specific purpose of refining treatment and service approaches in areas of trauma responsibility. For example, TSA Center grantees may use funds to develop assessment procedures or to gain clinical insight into intervention processes. Any other service provision should not be supported by TSA grant funds.

### Expectations for CTS Centers – Category III

CTS Centers are expected to provide leadership on child/adolescent trauma issues in their communities and to serve as a resource to help their communities transform treatment and services for child trauma. CTS Centers should develop the capacity in their communities or in partnership with child-serving service systems to implement trauma-informed service practices, such as public and professional trainings on the impact of trauma, outreach/screening of children/adolescents for trauma exposure, and referral/triaging of identified trauma-exposed children to the appropriate intensity of clinical services. The CTS Centers are expected to primarily use trauma interventions, products, and resources developed by NCTSNs that are appropriate to their service populations and service settings. CTS Centers are expected to continue and enhance their activities that began during the initial period of grant funding. Activities include:

- Increase the number of traumatized children, adolescents, and families served with effective trauma interventions directly or through partnering organizations.
- Expand or enhance effective trauma practices (e.g., training service providers to improve response to trauma victims, reducing potential for traumatic stress, improving delivery of trauma services through system change) in youth service systems that the CTS Center was primarily focused on, particularly if child welfare and juvenile justice systems in their community were a focus.
- Expand trauma intervention implementation and training efforts to other organizations or service systems in the community; in particular, expand into child welfare and juvenile justice systems in the community, if they were not previously a focus for trauma-focused activities.
- Develop increased intervention effectiveness through improvements in implementation competence or adaptation of interventions or products to improve engagement and outcomes for traumatized youth.

- Develop enhanced evaluation methods to assess outcomes and impacts to improve child trauma treatment and services in the community or in youth-serving service systems, such as child welfare and juvenile justice.
- Increase or expand contacts and collaborations with practitioner organizations and/or State level service administrations to promote policies supporting the implementation of trauma services.
- Enhance plans for sustainability of trauma efforts beyond SAMHSA grant funding.

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

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15% of the total grant award to support infrastructure development, which include some of the following activities:

- Developing partnerships with other service providers for service delivery;
- Enhancing computer systems, management information systems (MIS), electronic health records, or data collection and analysis capacities; and
- Training/workforce development to help your staff or other providers in the community identify child trauma issues or provide effective services consistent with the purpose of the grant program.

### **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.
- 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 (GPR), Modernization Act of 2010**. 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 using the child/adolescent **National Outcome Measures (NOMs) Tool** which can be found at <https://www.cmhs-gpra.samhsa.gov/index.htm> along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the consumer’s entry into the project), discharge, and every six months for as long as the consumer receives services as part of the grant program. Data are to be entered into the CMHS Transformation Accountability (TRAC) Web system at <https://www.cmhs-gpra.samhsa.gov/index.htm>. The collection of these data will enable CMHS to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to mental health.

Grantees will also be required to report on the following Infrastructure/Prevention/Promotion performance measures using the TRAC system:

- The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.
- The number of financing policy changes completed as a result of the grant.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- The number and percentage of work group/advisory group/council members who are consumers/family members.
- The number of programs/organizations /communities that implemented specific mental health-related practices/activities that are consistent with the goals of the grant.

- The number of people receiving evidenced-based mental health-related services as a result of the grant.
- 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.

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

All TSA Category II and CTS Category III Centers are expected to assist SAMHSA, the National Center for Child Traumatic Stress (NCCTS), and the Cross-Site Evaluation Contractor in reporting on additional performance information.

TSA Center grantees are required to report their performance for the following activities quarterly and in a final progress report (as described in Section VI-3.1) or through ongoing data entry into NCTSI data collection systems:

- development, standardization, implementation, evaluation, modification, and dissemination of effective treatment and trauma-informed services in their area of trauma expertise;
- development and completion of products in their area of trauma responsibility;
- training and other support to service agencies for the purpose of implementing effective treatment and service approaches in their area of trauma expertise;
- the number of traumatized children and adolescents that received trauma-focused treatment and services at the TSA Center and its non-NCTSN service partners;
- the number of traumatized children and adolescents who are receiving trauma services developed by the TSA Center that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance); and
- the number of community and service system sites using intervention products developed by the TSA Center.

CTS Center grantees are required to report the following data in quarterly reports and in a final progress report (as described in Section VI-3) or through ongoing data entry using NCTSI data collection instruments or online data collection systems:

- Number of children and adolescents reached by effective, trauma-informed treatment and services;
- Children's outcomes, such as increased number of children/adolescents receiving services that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance) as assessed by standardized assessment tools;
- Systems transformation outcomes, such as implementation and adaptation, and/or increased utilization, of effective trauma-informed treatment and services by local and/or State service system(s) and/or by specific service settings (e.g., child welfare, juvenile justice).

Grantees will be required to report data to SAMHSA on a timely basis using tools designated by SAMHSA for data collection, including those referenced below.

### **The Core Data Set**

The Core Data Set (CDS) is a trauma assessment and outcome protocol developed by the Network to enhance identification, assessment, treatment planning, and outcome assessment of significant clinical trauma presentations in children and adolescents. Grantees providing direct clinical services to children and adolescents are likely to benefit in implementing this protocol as part of their clinical treatment process. CTS Centers that implement the CDS protocol are expected to enter their clients' data into the Core Data Set online reporting system and to conduct required follow-up assessments, to the extent that such data entry is feasible. Follow up assessments occur at three-month intervals or at the conclusion of treatment, should the treatment be less than three months.

Inclusion of clinical cases into the CDS across the wide variety of Network Centers that provide clinical services for child trauma will aid the NCCTS and the Network to accumulate data on the characteristics, course, and outcomes of clinical care of traumatized children that will be useful in developing more effective treatment approaches for childhood trauma. TSA Centers are encouraged to contribute to the CDS if they are providing direct clinical services related to the development and/or modification of an intervention or practice. TSA Centers are expected to support CDS efforts by encouraging collaborative partners they train, such as CTS Centers, community-based agencies, and service systems, to collect and enter cases into the CDS. TSA Centers should incorporate information regarding the CDS into their intervention training and dissemination efforts. TSA Centers providing on-going implementation training to community-based agencies and service systems throughout the country are also expected to support the effort of their partners to become more data informed through implementation of the CDS or additional appropriate outcome assessments. TSA and CTS Centers are also expected to develop a plan for educating

clinicians on the clinical utility of the data collection in general and the CDS in particular in clinical decision making and treatment planning.

Applicants must describe their ability to collect and report required data. Evaluation and data collection plans should inform the proposed budget and reflect the resources required to comply with Local Evaluation and Cross-Site Evaluation requirements described below.

### **Local Evaluation**

Grantees must continue to evaluate their projects. Applicants are required to describe their local process and outcome evaluation plans in their applications. For CTS Centers evaluation efforts must include the evaluation of:

- the process of developing staff expertise in trauma practices, including work with or use of Network expertise for training in such practices;
- developing community partnerships with service programs and child-serving service systems;
- success in implementing trauma practices in one's own Center and/or in partnering organizations;
- outcome results based on data collected to evaluate implementation and outcomes of the trauma practices; and
- indication of trauma-focused systems change efforts and outcomes of these efforts in youth-serving systems.

TSA Centers evaluation efforts should continue to focus on:

- the acceptability and usability of trauma interventions in their area of trauma expertise developed or promoted through training by the NCTSN among service practitioners in the community;
- indicators for assessment/monitoring of intervention progress, especially to establish intensity of interventions needed or the need for alternative intervention approaches if progress is not satisfactory;
- successes and difficulties in implementing NCTSN-developed or other trauma interventions across a range of service settings and with different populations of traumatized children/adolescents or with different clinical presentations;

- data collected during and following up on NCTSN-provided training to assess the effectiveness of training of practitioners to competently implement trauma interventions; and
- outcome data on the effectiveness of trauma services received in reducing the effects of trauma on children/adolescents, including data on engagement in treatment and maintaining children/adolescents/families in a course of treatment to completion; this type of data collection should also provide information on which types of clients/problems/other issues do well or not so well as a result of the intervention approach in their area of trauma expertise.

Evaluations should be designed to provide regular feedback to the project to improve dissemination, training, implementation, and provision of trauma-informed interventions. Local evaluation efforts should demonstrate the impact of implementing trauma-informed interventions in the wider community and/or service systems. Grantees are required to produce a final evaluation report at the end of the project period that documents the local program outcomes as well as progress of the Center in meeting proposed goals and objectives.

### **Cross-Site Evaluation**

Grantees are required to continue to participate in the Cross-Site Evaluation (CSE) of the NCTSI. Applicants must commit their Center to participate in the CSE of the NCTSI. Grantee program staff are required to participate in interviews, focus groups, and/or surveys; assist the cross-site evaluation contractor with identifying and recruiting respondents/participants for interviews, focus groups, and/or surveys; and participate in the longitudinal data collection.

### **2.3 Performance Assessment**

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

At a minimum, your performance assessment should include the required performance measures identified above.

**No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-[2.2](#) and [2.3](#) above.**

## 2.4 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to at least one joint grantee meeting during this funding period. You must include a detailed budget and narrative for this travel in your budget. The meetings will be 3 days and are usually held in the Washington, D.C., area and attendance is mandatory.

## II. AWARD INFORMATION

Proposed budgets cannot exceed \$600,000 in total costs (direct and indirect) for Treatment and Service Adaptation Centers - Category II, and \$400,000 in total costs (direct and indirect) for Community Treatment and Services Centers - Category III.

**Applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.**

### Cooperative Agreement

These awards will be made as cooperative agreements. 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:

- Comply with the terms of the cooperative agreement award as specified in the requirements section of the Notice of Award (NoA).
- Satisfactorily perform activities to achieve goals of expanding/enhancing current grant goals and activities.
- Expand or enhance project activities to support development of trauma-informed child welfare and juvenile justice systems.
- Collaborate with the National Center on Child Traumatic Stress and other Network Centers in activities to promote trauma-informed child welfare and juvenile justice systems.
- Support and participate in the collaborative work groups and other collaborative activities with Network Centers.
- Participate in grantee meetings.
- Accept guidance and respond to requests for data from CMHS.

- Participate in policy steering groups and other work groups to help accomplish project goals.
- As appropriate, author or co-author publications on project results for use by the field.
- Participate in post-award, cross-site process and outcome evaluation activities, including TRAC.
- Implement specified activities, data collection, and quality control measures, and complete required SAMHSA reports.

Role of SAMHSA Staff:

- Review critical project activities for conformity to the approved goals of the grant.
- Assume overall responsibility for monitoring the conduct and progress of the approved project, including progress in developing connections with the child welfare and juvenile justice systems.
- Review “Terms and Conditions” section of Notice of Award with the grantee and make recommendations regarding continued funding based upon satisfactory progress in meeting goals and objectives.
- Provide guidance on project design and components.
- Participate in selected policy and steering groups or related work groups.
- Review quarterly reports and conduct site visits, if warranted.
- Provide support services or recommend outside consultants, if needed.
- Author or co-author publications on program findings.
- Provide technical assistance on ways to help disseminate and implement products of collaborative activities.
- Consult with NCCTS staff, TSA project directors, and CTS project directors on all phases of the project to ensure accomplishment of the goals of the initiative.
- Oversee development and implementation of the multi-site evaluation in partnership with evaluation contractors, NCCTS staff and other National Child Traumatic Stress Network grantees.
- Approve data collection plans and institute policies regarding data collection.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligibility for this funding opportunity is limited to the current NCTSI, TSA Category II grantees and to the CTS Category III grantees that were funded in fiscal year 2007. TSA Category II grantees are only eligible to apply for the TSA Category II funds and CTS Category III grantees are only eligible to apply for CTS funds. See Appendix K for a list of eligible applicants.

FY 2011 funding for the NCTSI program is available **for only one year**. SAMHSA is unable to fund new multi-year grant projects due to the fact that limited funds are available.

SAMHSA believes that the most effective and efficient use of available funding is to continue funding for **one** additional year to the NCTSI Category II and III grantees that received their last year of funding in FY 2010. These grantees have built the infrastructure necessary to continue providing services and have successfully completed an entire funding cycle for this program. These entities are best-positioned to continue to provide needed services with a revised focus on expanding collaboration with child welfare, juvenile justice, and public mental health systems.

### 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

### 3. OTHER

#### 3.1 Additional Eligibility Requirements

**You must comply with the following three requirements, or your application will be screened out and will not be reviewed:**

1. use of the HHS 5161-1 application form;
2. application submission requirements in [Section IV-3](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

## 2. CONTENT AND GRANT APPLICATION SUBMISSION

### 2.1 Application Kit

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

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

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

### 2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site

at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>.

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(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 D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 4**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use

attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1:** (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 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)
- **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 **June 3, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, or 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS)**. You will be notified by postal mail that your application has been received.

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

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

### Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#), “Guidance for Electronic Submission of Applications.”

### Submission of Paper Applications

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

Send applications to the address below:

**For United States Postal Service:**

Crystal Saunders, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include the title of the program for which you are applying, either “NCTSI-II, RFA # SM-11-011” **OR** “NCTSI-III, RFA #SM-11-011” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

**Your application must be received by the application deadline or it will not be considered for review.** Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.”

#### **4. 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
- No more than 20% 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-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. These are to be used instead of the “Program Narrative” instructions found in the HHS 5161-1.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, or it will not be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural

competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under "Resources for Grant Writing."

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

### **Section A: Background and Accomplishments (25 points)**

Indicate whether you are applying for funding under NCTSI-II or NCTSI-III.

Describe the major goals, progress achieved and major accomplishments in your project period that is ending in the following areas that are relevant to the approved goals of your project:

#### **TSA Centers should describe the following:**

- Identify the primary area of trauma that your Center focused on in the Network; briefly describe your existing and developed expertise in this area; describe how this expertise was used for consultation, training or education.
- Briefly describe the major interventions, products or other resources that were developed in your area of trauma expertise by your Center; identify major programs/agencies trained or supported in implementation of these interventions/products; actual or estimated number of practitioners trained in these interventions/products; actual or estimated numbers of children/adolescents/families served by these interventions/products; and primary outcomes/accomplishment of activities and how outcomes were assessed; respond only in the areas that are relevant to the goals of your project.
- Describe partnerships and/or activities engaged in with child-serving service systems that your Center was primarily involved with., Specifically, describe any involvement with the child welfare and juvenile justice/dependency court systems and/or with the child-serving publicly funded mental health system that serves these systems.
- Describe your collaboration with other NCTSN Centers, with NCTSN committees, and with collaborative Network product development.

- Describe engagement of consumers, including both service practitioners and recipients, in the activities of your Center.

**CTS Centers should describe the following:**

- Describe the service populations that were targeted for the trauma-focused/trauma-informed practices; describe any partnerships with other programs or agencies that participated in implementation of trauma-informed practices; indicate the degree to which these practices were successfully implemented; any problems in implementation and procedures that were used to attempt to overcome these problems.
- Describe the effective trauma practices implemented; briefly describe the outcomes of the implementations in terms of number of service providers trained, number of children/adolescents/families served, what outcomes the practices are designed to achieve, and any indicators that outcomes were achieved. In particular, identify which trauma practices were implemented and developed by the NCTSN.
- Identify the youth-serving service systems that the trauma activities were primarily focused on, the extent of involvement with these systems, and the extent to which effective trauma practices were introduced into and sustained in these systems.
- Describe your use of Network products in training and education of professional and lay groups and efforts made to disseminate Network resources and products.
- Describe collaboration with other Network Centers in developing or implementing effective trauma practices, level of participation in Network committees, and product development with other Network Centers.
- Describe participation of consumers, including both service recipients and service providers, in activities of the Center.

**Section B: Proposed Implementation Approach (35 points)**

Describe plans to initiate further development and progress in the major trauma-related goals of your project. Identify a total of no more than five major goals in the following areas that are most relevant to your project accomplishments.

**For TSA Centers expanded/enhanced activities could occur in these areas:**

- Providing national or community leadership and public awareness on child trauma issues.

- Developing and/or expanding support for the implementation of trauma interventions in your area of trauma expertise and/or in the child welfare and juvenile justice systems.
- Developing and/or expanding dissemination of trauma-focused products in your area of trauma expertise.
- Training service providers in trauma treatment/services and/or to partner with service provider programs to promote trauma intervention/products relevant to your area of trauma expertise.
- Describing plans to continue/increase/enhance collaboration with other NCTSN Centers and committees, and with the development of collaborative Network products or other collaborative Network activities.
- Describing plans to increase engagement of consumers, both service practitioners and recipients, in the activities of your Center.

**For CTS Centers activities could occur in these areas:**

- Expanding the types of child/adolescent trauma populations served with trauma interventions and increasing the number of traumatized children/adolescents/families served with trauma-focused interventions directly or through partnering organizations.
- Expanding or enhancing effective trauma practices, such as improved screening and assessment, in youth-serving service systems that the CTS Center was primarily focused on and in additional youth-serving service systems.
- Improving the effectiveness of implemented trauma practices through increased training or improved better training approaches, intervention implementation competence or adaptation of interventions or products to improve engagement and outcomes with traumatized service recipients.
- Developing improved evaluation methods to assess outcomes and impacts of efforts to improve child trauma treatment and services in the community or in youth-serving service systems.
- Expanding use of Network products in training and education of professional and lay groups; and increasing efforts in disseminating Network resources and products.
- Describing plans to continue/ increase/enhance collaboration with other NCTSN Centers and Committees.

- Describing plans to increase engagement of consumers, both service practitioners and recipients, in the activities of your Center.

**Both TSA and CTS Centers must address how this RFA funding will allow your Center to expand or enhance its trauma efforts in the child welfare and juvenile justice systems:**

- If your Center has been connected with the child welfare and juvenile justice systems, describe how your Center would further promote the development of trauma-informed practices within these systems.
- If your Center has not been connected with child welfare and juvenile justice systems, describe a set of goals for promoting trauma-informed child welfare and juvenile justice systems and plans to achieve the goals by developing partnerships with agencies or programs in these systems or with child-serving publicly funded mental health system that serve these systems.
- Describe approaches your Center would take for supporting implementation of trauma-informed practices and/or plans to develop or implement products or other resources that are relevant to making these systems trauma-informed.
- Indicate your intent to collaborate with NCTSN efforts led by the National Center for Child Traumatic Stress and other Network Centers to supporting the development of effective treatment and practice models that focus on the child welfare and juvenile justice systems.

**Section C: Project Organization and Staffing (20 points)**

**For both TSA and CTS applicants:**

- Provide a listing of the major goals for enhancing/expanding the current activities of your project in this funding period, the major planned activities to achieve these goals, a timeline for conducting these activities and staff responsible for the accomplishment of these activities.
- Provide a listing of the planned activities to extend your project or to enhance current efforts in implementation of trauma-informed practices in the child welfare and juvenile justice systems or in mental health programs that interface with these systems.

**List key staff on the project, their roles in the prior funded project and their responsibilities on this one year project extension. Section D: Performance Assessment and Data (20 points)**

**For both TSA and CTS applicants:**

- Identify the major goals of the project, expected outcomes, indicators of goal accomplishment, and how data on the indicators will be collected and analyzed for your local evaluation.
- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your capacity for data collection, management, analysis and reporting, including staff dedicated to data collection and their experience and qualifications with data collection and analysis.
- Describe how data will be used to improve 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.

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. The proposed budgets for TSA applicants should be within the \$600,000 limit for these Centers and the proposed budget for CTS applicants should be within the \$400,000 limit for these Centers.

## SUPPORTING DOCUMENTATION

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

**Section F:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **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 G:** Biographical Sketches and Job Descriptions.

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

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

## 2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application 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 quarterly reports and a 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. 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 Modernization Act of 2010 (GPRA)**

The Government Performance and Results Modernization Act of 2010 (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 National Child Traumatic Stress Initiative 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:

Malcolm Gordon, Ph.D.  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 6-1005  
Rockville, Maryland 20857

(240) 276-1856

[Imalcolm.gordon@samhsa.hhs.gov](mailto:Imalcolm.gordon@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 Screen Out 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. **Failure to adhere to these requirements may affect the ability of your application to be funded.***

- 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 12,875 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>1</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, and

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

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-11-011. 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>2</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>2</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://www.samhsa.gov/grants/SSAdirectory-MH.pdf>. 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-11-011. 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.
- 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, in program, 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 in program (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime).

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

### Sample Logic Model

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

## 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.

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

**Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF424A)    **\$52,765**

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		<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**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
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**

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

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

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

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

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

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

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

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

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

**FEDERAL REQUEST**

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	<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, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

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

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

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

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

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

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

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

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**TOTAL DIRECT CHARGES:**

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

**INDIRECT CHARGES:**

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

**TOTALS:** (sum of 6i and 6j)

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

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

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

**Proposed Project Period**

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

<b>Category</b>	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3*</b>	<b>Year 4*</b>	<b>Year 5*</b>	<b>Total Project Costs</b>
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 Charges</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 Charges	\$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 PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

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

**\*FOR REQUESTED FUTURE YEARS:**

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

## Appendix 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.

## **Appendix K- Lists of Eligible Applicants – REVISED**

### **Eligible Treatment and Service Adaptation Center Applicants**

SM058147 UNIVERSITY OF MARYLAND BALTIMORE

SM058139 CHILDREN'S HOSPITAL OF PHILADELPHIA

SM060362 NEW YORK UNIVERSITY SCHOOL OF MEDICINE/MOUNT SINAI  
SCHOOL OF MEDICINE

**SM060444 NEW YORK UNIVERSITY SCHOOL OF MEDICINE**

SM058145 UNIVERSITY OF MONTANA

### **Eligible Community Treatment and Services Center Applicants**

SM056091 CATHOLIC CHARITIES

SM056215 KENNEDY KRIEGER RESEARCH INSTITUTE

**SM060359 UNIVERSITY OF COLORADO DENVER**

SM058195 ALIVIANE NO-AD

SM058196 LATINO HEALTH INSTITUTE

SM058230 UNIVERSITY OF KENTUCKY

SM058232 COMMUNITY COUNSELING CENTER

SM058234 CHILDREN'S HOME SOCIETY OF FLORIDA

SM058241 CHILDREN'S INSTITUTE, INC

SM058252 MENTAL HEALTH SERVICES FOR HOMELESS PERSONS