

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

**National Child Traumatic Stress Initiative
Treatment and Service Adaptation Centers (TSA)**

Category II

(Initial Announcement)

Request for Applications (RFA) No. SM-12-006

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

Key Dates:

Application Deadline	Applications are due by June 26, 2012.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Service is accepting applications for fiscal year (FY) 2012 National Child Traumatic Stress Initiative, Treatment and Service Adaptation Centers, Category II Cooperative Agreements. The purpose of this initiative 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 nation. The purpose of the Treatment and Service Adaptation Centers (TSA), Category II cooperative agreements is to 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 nation.

Funding Opportunity Title:	National Child Traumatic Stress Initiative, Treatment and Service Adaptation (TSA) Centers
Funding Opportunity Number:	SM-12-006
Due Date for Applications:	June 26, 2012
Anticipated Total Available Funding:	\$12,956,597
Estimated Number of Awards:	16
Estimated Award Amount:	\$600,000 - \$1,000,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 4 years
Eligible Applicants:	Domestic public and private non-profit entities [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Service is accepting applications for fiscal year (FY) 2012 National Child Traumatic Stress Initiative (NCTSI), Treatment and Service Adaptation (TSA) Centers, Category II Cooperative Agreements. The purpose of this initiative 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 nation. The purpose of the Treatment and Service Adaptation Centers (TSA), Category-II cooperative agreements is to 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 nation.

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, evaluate effective trauma treatment and services, and partner with other community agencies to promote service delivery approaches so that trauma services are effectively implemented within local child-serving community service systems.

Children of deployed military personnel have more school, family, and peer-related emotional difficulties in comparison to national samples. Therefore, SAMHSA has identified military families as a priority population under this funding opportunity.

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.

The National Child Traumatic Stress Network (NCTSN) is composed of three types of centers:

1. The National Center for Child Traumatic Stress - (Category I) works with SAMHSA to develop and maintain the collaborative network structure, oversee resource development and dissemination, and coordinate national trauma education and training efforts;
2. Treatment and Service Adaptation (TSA) Centers - (Category II) provide national expertise and assume responsibility in the Network for specific areas of trauma such

as specific types of traumatic events, population groups, and service systems and support the development, training, implementation, evaluation and dissemination of effective treatment and service approaches for communities and service systems across the country; and

3. Community Treatment and Services (CTS) Centers - (Category III) are primarily service programs that implement and evaluate effective treatment and services in community settings and youth serving service systems and collaborate with other network centers on clinical issues, service approaches, policy, financing, and training issues.

SAMHSA has demonstrated that behavioral health is essential to health, 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 reducing the impact of trauma and violence on children, youth, and families and addressing trauma-related issues throughout behavioral health, health, and social service systems. With this program, SAMHSA expects to implement effective trauma-focused and trauma-informed treatment and services in community settings and in youth-serving service systems and collaborate with other Network Center's on clinical issues, service approaches, policy, financing, and training issues. More information on SAMHSA's Strategic Initiatives is available at the SAMHSA website: <http://www.samhsa.gov/About/strategy.aspx>.

In FY 2012, SAMHSA is planning to award up to 16 NCTSN Treatment and Service Adaptation Center grants. Among the 16 successful TSA grantees, up to nine of these entities may receive supplemental funding. SAMHSA is particularly interested in enhancing and expanding the Network's efforts in large-scale training and dissemination of NCTSN developed clinical and service interventions to communities and service systems throughout the country, and the application of implementation science to ensure effective and sustained intervention implementation. Applicants may propose to enhance and expand their Centers training and implementation activities to include **one** of the following supplemental funding activities:

TSA Partnership Supplements - are expected to include greater participation of national intervention development and service expertise and take a *national* perspective on intervention development, training, implementation, evaluation, and dissemination.

TSA Training and Dissemination Supplements - focus on large-scale training and dissemination of existing Network-developed trauma interventions and products.

SAMHSA plans to fund up to five TSA Partnership Supplements and up to four TSA Training and Dissemination Supplements among the top TSA Category II grantees in priority score order. **(For more information see Award Review Information, Review and Selection Process, V.2, page 32)**

The NCTSN has traditionally developed and provided treatment and services that are accessed by a high percentage of racial and ethnic minority youth from low-income families. It is anticipated the NCTSN will continue to be a significant resource for these populations, contributing to increasing access to effective care for these groups and reducing behavioral health disparity.

For the purpose of this funding announcement, “trauma-focused” refers to the interventions, resources, products, etc., that specifically address the trauma experience of children, adolescents and their families; and “trauma-informed” refers to the interventions, resources, products, etc., in service systems that provide supportive services for children and adolescents that have experienced trauma.

Over the coming months, SAMHSA will be implementing a process that will develop a formal definition and standardized criteria for trauma-informed care and guidance for adaption to different service systems and sectors. Grantees of this program announcement will be encouraged to participate in this process. All SAMHSA grantees will be expected to align their programmatic activities with the resultant definition and standardized criteria of trauma-informed care.

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

2. EXPECTATIONS

TSA centers are expected to have national expertise in an area of trauma and to achieve substantial progress in intervention development, training, evaluation, and dissemination in the trauma area they select. A key goal of TSA Centers is to select a trauma treatment focus and identify effective trauma treatment and service system approaches to be implemented in community settings and in child-serving systems across the country. TSA Centers should also develop activities that improve outcomes for traumatized children, adolescents, and their families. These may include proposing policy changes, improving service access and service system improvements, promoting community support, and ensuring sufficient funding to support trauma treatment services for all children in need.

Treatment and Service Adaptation (TSA) Centers provide the Network with access to national expertise on child traumatic stress and child trauma interventions. The TSA Centers serve as lead organizations and take responsibility in the Network for

identifying and adapting effective treatment and services in *specific areas* of child trauma, including:

- Developing interventions for **specific types of trauma** and implementation in service systems in which a type of trauma is most often evident, including interventions for :
 - Child Abuse/Child Protective Services and Child Welfare
 - Domestic and Community Violence/Courts, Juvenile Justice, and Law Enforcement
 - Injuries and Medical Problems/ Health Care Settings
 - Refugee Displacement and War Zone Trauma/ Refugee Health and Resettlement Agencies
 - Trauma in School Populations/Schools
 - Complex Trauma/ Residential Treatment Settings and Shelters and Juvenile Justice Detention Centers
 - Disaster and Terrorism Victimization/First Responders and Emergency Response System

- Development, training, implementation, and evaluation of **types of trauma interventions** including:
 - Acute/Early/Brief Interventions
 - Clinical interventions for Traumatic Stress Reactions and Traumatic Grief
 - Interventions for Developmental Effects of Trauma
 - Family interventions
 - Residential settings interventions

- Ensuring services for specific **traumatized populations** including:
 - Young/Preschool Children
 - Adolescents, including Adolescents with Substance Abuse
 - Children/Adolescents with Disabilities
 - American Indian/Alaska Native children and adolescents

The intent of this announcement is to have “coverage” and expertise in a range of trauma areas, service systems, settings, and populations. Applicants are asked to identify their area of expertise and interest. SAMHSA has an interest in ensuring that the range of trauma areas are addressed by grantees awarded under this funding announcement.

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

2.1 Required Activities

SAMHSA's TSA Centers grant funds must be used primarily to support infrastructure development, including the following types of activities:

- Provide leadership in the National Child Traumatic Stress Network on the development or adoption, and wide-scale dissemination of effective treatment and service approaches in their area of trauma expertise.
- Serve as a continuing resource for training, consultation, and technical assistance to other Network and non-Network centers and the National Center for Child Traumatic Stress in their areas of trauma expertise, with particular attention to supporting Network training efforts and other avenues for widespread dissemination of Network interventions and products beyond funded grantees to service providers and family/youth affected by traumatic events.
- Provide technical assistance and supports to child welfare systems working to better address the behavioral health needs of children who have experienced trauma.
- Expand implementation of trauma interventions in their areas of trauma expertise to new populations and service systems, such as child welfare and juvenile justice; and apply implementation science to promote effective and sustainable intervention.
- Collaborate with the National Center and other Network centers to support the development of trauma-informed child-serving service systems, such as child welfare and juvenile justice.
- Solicit meaningful input from family members of children and youth involved in the identified child-serving systems in all aspects of the grant including development, implementation and oversight of the program.
- Assess the quality and outcomes of intervention dissemination and implementation and adapt and improve treatment and service approaches so that interventions are more effective when used in community settings.
- Develop additional intervention products (i.e., protocols, manual, training materials, etc.) to fill identified needs, so that effective treatment, practice, and service approaches can be replicated and disseminated to an array of community and service system providers across the country.
- Participate in clinical and/or services data collection, both in the development of clinical data protocols for NCTSN and the broader child trauma field, and document the effectiveness of NCTSN child trauma interventions in various service settings.
- Applicants will work with communities across the country to adapt service approaches to local community needs and facilitate large-scale intervention dissemination.

2.2 Other Allowable Activities

TSA Centers grants will also support the following types of activities:

- Developing procedures to obtain input from diverse cultural/social groups when designing interventions for diverse populations;
- Contributing to Network activities to address behavioral health disparities through the identification/development of assessment/measurement approaches, and the development and promotion of policies and practices to alleviate behavioral health disparities;
- Addressing cultural and social diversity in the development, implementation, evaluation, and dissemination of assessments, data collection procedures, and interventions;
- Involving consumer constituency groups, including both service recipients (children/adolescents and their families) and community service providers in all aspects of TSA Center activities;
- Limited direct service delivery may be supported in TSA Center grants, but only for the specific purpose of refining treatment and service approaches in the specific areas of trauma proposed. 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.

TSA Partnership or Training and Dissemination Supplemental Funding

TSA applicants must meet the core TSA Center Evaluation Criteria specified in [Section V.1](#) of this RFA. Applicants may choose to apply for **one** of the supplemental funding opportunities: TSA Partnership – F1 **or** TSA Training and Dissemination – F2, **this must be indicated on the face page of your application in order for your supplemental application to be considered for review and funding.** The applicant must meet additional review criteria for the supplemental activity chosen. Applicants can only apply for **one** of the supplement activities, if you choose more than **one** activity your supplemental application will not be considered for review and only your application for the core TSA Center will be reviewed and scored.

Applications that do not receive a fundable score on the core TSA Center requirements will not be considered for supplemental funding. In an effort, to ensure balance/sufficient geographic distribution of Partnership – F1 and Training and Dissemination – F2 Opportunities in selected areas of trauma, SAMHSA may make a funding decision regarding the Partnership – F1 or Training and Dissemination – F2 supplements according to the geographic area the applicant proposes to operate, thereby ensuring adequate coverage of the requisite trauma categories. This decision would not impact the funding of a core TSA grant that receives a fundable score.

In addition, to the core expectations and required services of TSA Centers, applicants applying for a TSA Partnership – F1 or Training and Dissemination – F2 supplemental

funding are expected to meet the following additional expectations and required services:

TSA Supplemental Partnership – F1

Category II applicants electing to apply for supplemental Partnership – F1 funding are expected to:

- Recruit the participation of significant national individual and program expertise in the areas of trauma knowledge, intervention development, service delivery and involvement of consumers in the specific area of trauma expertise.
- Develop mechanisms to ensure participation of this expertise in developing the objectives, plans, and activities of the Partnership in the identified area of trauma expertise.
- Develop procedures to attain consensus of the Partnership's expertise and additional outside expertise on needed assessment, intervention, training, implementation, evaluation, and dissemination in the identified area of trauma.
- Develop connections with appropriate provider organization and funding agencies in the specific area of trauma in support of intervention implementation and product dissemination.
- Develop intervention and product development procedures that will ensure wide-scale training, implementation, and dissemination of Partnership interventions and products.

Required Activities

Funds for the TSA Partnership supplements are to be used to accomplish the following activities:

- Support involvement of national leaders, academic settings, service and consumer experts, and service programs in Partnership activities;
- Provide procedures to ensure consensus of the child trauma field in the specific area of trauma on the goals and plans for the Partnership;
- Develop procedures to recruit additional service agencies, service systems, and provider organizations in Partnership activities;
- Develop procedures to ensure that intervention training, implementation, and dissemination can be scaled up for national impact;
- Develop mechanisms for national dissemination of Partnership-developed products for providers, consumers, and the general public in the specific area of trauma; and
- Coordinate training efforts with the grantees that are using supplemental funding to support training and dissemination activities.

TSA Training and Dissemination – F2

Category II applicants electing to apply for the supplemental Training and Dissemination – F2 funding are expected to:

- Enhance and expand (wide-scale) training and dissemination in the geographic area and area of trauma that was identified in the core Category II application, to advance practice change. Grantees should focus on training a large number of practitioners (Virtual and/or Face-to-Face) in the identified trauma intervention and if skills permit, training in other trauma treatment evidence-based practices using the Learning Collaborative model.¹
- Actively collaborate and coordinate with the National Center (Category I) to provide training (Virtual and/or Face-to-Face) on services and electronic dissemination of Network products/resources in identified geographical area.
- Increase access of traumatized children, adolescents, and their families to trained practitioners in child-serving service systems, such as schools, children’s mental health centers, child welfare, and juvenile justice.
- Draw upon the expertise of other NCTSN centers to provide trainings, curriculum development, supervision, and intervention implementation support.
- Disseminate existing effective interventions and products throughout the country to communities and service systems, such child welfare and juvenile justice.
- Assess the effectiveness of the implementation of the intervention, including fidelity to the treatment model; intervention training, including developed or adopted assessment methods for fidelity.
- Collect data addressing the extent practitioners actually use and/or adapt the trained intervention models in their service provision, difficulties or deficiencies encountered in implementing the trained intervention models in the practitioner’s usual service provision and the extent to which outcomes are improved for traumatized children and adolescents as a result of implementing the trained intervention.

¹ A Learning Collaborative (LC) is a model that focuses on adoption of best practices in diverse service settings and emphasizes adult learning principles, interactive training methods, and skill-focused learning. The NCTSN LC is a process that brings together teams from multiple NCTSN centers working to improve a process, practices, or system and learning from the collective experience. A LC models uses methods for accelerating improvement in settings and capitalizes on shared learning and collaboration.

Applicants that propose training large numbers of service providers in trauma interventions should address the following potential challenges:

- Lack of service providers and agencies commitment to implement new or demanding interventions;
- High rates of turnover at service agencies that results in loss of workforce trained in an intervention;
- Lack of reimbursement support by service funders for practitioners' training time;
- Lack of reimbursement for some components of a structured intervention in which practitioners are trained, (e.g., no reimbursement for parent sessions as part of child treatment) and/or limited number of intervention sessions that are billable;
- Clinical competence required by some structured clinical trauma treatment approaches and the lengthy training and supervision time needed to acquire intervention competence; and
- Lack of trainers with training expertise in some interventions which are in demand.

Required Activities

TSA Training and Dissemination – F2 supplemental funding will provide training, supervision, collaboration, and follow-up to significant numbers of clinicians and programs using the Learning Collaborative model, as well as:

- Develop and disseminate training materials and curricula to support training in specific interventions, such as online and distance learning;
- Provide effective training in trauma-focused treatment and service interventions to large numbers of practitioners;
- Engage in outreach and recruitment to train individual practitioners and service agencies that provide services to populations of traumatized children/adolescents and their families;
- Recruit expert training faculties for specific trauma intervention models;
- Develop, adopt or adapt online training resources to provide or assist training in intervention approaches;
- Disseminate NCTSN-developed trauma products to providers, consumers, and the public;

- Provide follow-up activities with trainees to assess continued implementation fidelity, competence, and adaptation in their service settings after training;
- Coordinate and communicate with the National Center (Category I) to share training experience, expertise, and potentially joint training efforts;
- Collaborate with other NCTSN centers on implementing interventions and providing support for effective training; and
- Provide support for practitioner and consumer involvement and input in training and dissemination activities.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on the following performance measures as part of the Center for Mental Health Services TRAC (Transformation Accountability) electronic data-entry system using the following performance measures:

1. The number of organizations or communities implementing mental health related training programs as a result of the grant.
2. 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.
3. The number and percentage of work group/advisory group/council members who are consumers/family members.
4. The number of people receiving evidence-based mental health-related services as a result of the grant.

Data will be collected and entered by the grantee into the CMHS TRAC system at <https://www.cmhs-gpra.samhsa.gov/index.htm> on a quarterly basis.

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

Measures and mechanisms for reporting response to behavioral health disparities by TSA Centers and other NCTSN grantees will be developed through the Network’s collaborative process.

Additionally, each TSA Center will be required to report its performance for the following activities in quarterly and annual progress reports (as described in Section VI-3.1) or through ongoing data entry into NCTSI data collection instruments:

- Development, standardization, implementation, evaluation, modification, and dissemination of effective treatment and trauma-informed services in its area of trauma expertise;
- Development and completion of products in its area of trauma responsibility;
- Training and other support to service agencies for the purpose of implementing effective treatment and service approaches in its area of trauma expertise;
- The number of traumatized children and adolescents that receive 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 services at the TSA Center and/or partner centers that show improved scores in various domains that measure psychosocial well-being and quality of life (e.g., interpersonal relationships, school performance);
- The number of community and service system sites using intervention products developed by the TSA Center.

2.4 Program Evaluation

Grantees are required to evaluate their projects at the local level. In addition grantees are required to submit a final evaluation at the end of the project period, as describe in the Sec. 582(d) of the Public Health Service Act, as amended. The applicant is required to submit a plan for a rigorous evaluation of the activities funded under the grant, including both process and outcome evaluations.

Applicants are required to describe their internal program process and outcome evaluation plans in their applications. An internal program evaluation should document the grantee's efforts to make specialized adaptations of effective treatment and service approaches for communities and service systems across the country. The evaluation should also be designed to provide regular feedback to the project to improve the development and adaptation of trauma-informed practices and interventions, as well as dissemination and training efforts to further the wide-spread implementation of trauma-informed practices and interventions.

TSA Centers are expected to collaborate with the NCCTS, other Network Centers, partnering service programs, providers as well as service recipients to ensure their internal program evaluation includes data collection protocols developed by the Network. TSA Centers are expected to contribute to the development of Network data collection protocols related to:

- The acceptability and usability of trauma interventions 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/ameliorating 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.

Grantees are required to produce an annual evaluation report that documents internal program evaluation outcomes as well as progress of the Center in meeting proposed goals and objectives.

The NCCTS grantee will be required to submit quarterly progress reports documenting progress in achieving project goals and an annual evaluation report.

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

2.5 Grantee Meetings

Grantees must plan to send a minimum of two people (including the Project Director) to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each annual meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. In addition, there may be a 2-day grantee orientation meeting held in the first year of the grant to acquaint new grantees with Network operations and opportunities. This meeting will be held in the Washington, D.C., area. Attendance is mandatory for new grantees. You must also include a detailed budget and narrative for this travel in your budget.

II. AWARD INFORMATION

Core TSA Center proposed budgets cannot exceed \$600,000 in total cost (direct and indirect) in any year of the proposed project.

TSA Partnership and Training and Dissemination Supplemental funding proposed budgets cannot exceed \$400,000 (direct and indirect) in any year of the proposed project.

Applicants that are applying for the core TSA Center and supplemental funding must submit two (2) separate budgets and the proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project.

Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

These awards will be made as cooperative agreements.

Cooperative Agreement

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

Role of Grantee:

- Comply with the terms of the award and satisfactorily perform activities to achieve the approved goals of the project;
- Consult with and accept guidance from CMHS staff on performance of activities to achieve the goals of the project;
- Consult with SAMHSA staff on evaluation plans;
- Participate in Network training activity, meetings on child trauma issues, and in child trauma and child service system collaborations as are relevant to the projects area of trauma expertise;
- Respond to requests for information from CMHS on activities supporting the development of trauma-focused interventions and trauma-informed child service systems;
- Agree to provide SAMHSA with data required for the Government Performance and Results Act (GPRA);

- Support the development of, and disseminate widely, intervention products, training materials, and other publications developed by the Network for use by practitioners, consumers, and the public; and
- Produce required quarterly and annual SAMHSA progress reports and an annual local project evaluation report.

Role of SAMHSA Staff:

- Consult with the Center Project Director on all phases of the project to ensure accomplishment of project goals;
- Review and approve critical project activities for conformity to the goals of developing and disseminating trauma-focused interventions and trauma-informed child-serving service systems;
- Assume responsibility for monitoring the conduct and progress of the program to promote effective trauma-focused treatment and services;
- Provide guidance on project design and components;
- Participate in policy and steering groups or related work groups;
- Review quarterly progress reports and conduct site visits, if warranted;
- Participate in the design of evaluation methods and indicators to assess progress in developing trauma-informed service systems;
- Approve data collection plans and institute policies regarding data collection;
- Author or co-author publications on program findings; and
- Provide technical assistance on ways to help disseminate and apply study results.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

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

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) Tribes and tribal organizations

- Urban Indian organizations
- Public or private universities and colleges
- Community- and faith-based organizations

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

Applicants may also apply for the NCTSI Community Treatment and Services Centers and the National Center for Child Traumatic Stress cooperative agreements. If approved for funding in more than one National Child Traumatic Stress Initiative program, an award may be made in only one of the programs.

Applications that do not receive a fundable score on the core TSA Center requirements will not be considered for supplemental funding. In an effort to ensure balance/sufficient geographic distribution of Partnership and Training and Dissemination Opportunities in selected areas of trauma, SAMHSA may make a funding decision regarding the Partnership or Training and Dissemination supplements according to the geographic area in which they propose to operate, thereby ensuring adequate coverage of the requisite trauma categories.

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

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing and match are not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. 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 package 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.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

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

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms 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 12 required application components:

- **Face Page** – SF-424 is the face page. [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. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <http://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>].**

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix H](#) of this document. Applicants applying for supplemental funding for a TSA Partnership or TSA Training and Dissemination activity **must** submit two (2) separate budgets; one for the core TSA Center (\$600,000) and one for TSA Partnership – F1 **or** TSA Training and Dissemination Activities – F2 (\$400,000).
- **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 for the core TSA Center. (Remember that if your Project Narrative starts on page 1 and ends on page 25, it is 26 pages long, not 25 pages.)

TSA Partnership – F1 **or** TSA Training and Dissemination – F2 Supplement Funding Narratives may not be longer than 10 pages. It consists of Sections F1 **or** F2 and must be included at the end of your Project Narrative (Sections A through D).

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 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3-5 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1:* Letters of Commitment
 - *Attachment 2:* Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - *Attachment 3:* Sample Consent Forms
 - *Attachment 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
 - *Attachment 5:* Supplemental Funding Letters of Commitment
- **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 package.
- **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) 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) of the application.
- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.

- **Checklist** – 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.
- **Documentation of nonprofit status** as required in the Checklist.

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 26, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. You are encouraged to apply electronically. 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:

Diane Abbate, 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 “**NCTSI Treatment and Service Adaptation Centers, RFA SM-12-006**” in item number 12 on the face page (SF-424) of any paper applications. If you are applying for one of the supplemental funding opportunities this must be indicated in item number 12 on the face page “**NCTSI Treatment and Service Adaptation Centers – TSA Partnership - F1 or Training and Dissemination – F2, RFA # SMA-12-006**” or your supplemental funding will not be considered for review. 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 C](#) 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 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's NCTSI Treatment and Service Adaptation Center grant recipients must comply with the following funding restrictions:

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

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

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 (Core TSA application). If you are applying for **one** of the supplemental funding opportunities include your response to Section F1 **or** F2 immediately after Sections A-D of your core program narrative.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages. If you choose to apply for **one** of the supplemental funding Section F1 **or** F2 may be no longer than 10 pages.
- You must use the four sections/headings for the core TSA Application listed below in developing your Project Narrative. And you must use **one** section heading for the supplemental funding you have chosen. 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.

NCTSI Category II - Treatment and Service Adaptation Centers Review Criteria

Section A: Statement of Need (15 points)

- Identify the specific area of trauma the project proposes to address from the list provided on pages 7-8, and describe the current status of clinical treatment and/or service intervention approaches within the proposed area of trauma.
- Describe the service delivery system in the proposed area(s) of trauma expertise, including who provides services, how services are typically provided, and the involvement of the major specialty child/adolescent service systems in service delivery.
- Describe the current status of clinical treatment and service intervention within the proposed area(s) of trauma expertise.
- Describe the adequacy of current intervention approaches and other services and identify major gaps or deficiencies in available interventions and services within the proposed area of trauma expertise, include a discussion of adequacy of services to underserved populations.
- Provide information on the characteristics of population(s) to receive services through the targeted systems or agencies, e.g., their trauma experiences, types of traumatic effects, and demographic characteristics. HHS has published standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act. For more information, go to:
<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208>

Section B: Proposed Approach (40 points)

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D, Performance Assessment and Data. Describe how achievement of goals will increase system capacity to support effective substance abuse and/or mental health services.

- Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives., plans, and activities in each of the following areas to project accomplishments in the selected trauma area:
 - National or community leadership and public awareness on child trauma issues in your area of trauma expertise;
 - Support for development and implementation of effective trauma interventions in your area of trauma expertise;
 - Development of training protocols and products for the interventions that permit replication and evaluation in community and relevant service system settings
 - Development and dissemination of trauma-focused products in your area of trauma expertise;
 - Initiatives to train 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;
 - Collaboration with other NCTSN centers in joint activities, such as participation in NCTSN committees and developing Network products. Describe the role of staff, staff time, and budgetary resources you will dedicate to these collaboration activities with the NCCTS and other NCTSN Centers.
- Describe Intervention implementation plans with NCTSN Community Treatment Centers (CTC's) and other partnering service agencies in training, implementing, adapting, and evaluating intervention approaches in your area of trauma expertise; include letters of commitment from these programs in Attachment 1.
- Describe how you will ensure the meaningful participation of consumers/peer, family members, youth and service practitioners in the activities of your center.
- Describe how the grantee will partner with service organization and other constituency groups to facilitate dissemination and adoption of effective interventions in the identified area(s) of trauma expertise.
- Describe how the grantee will develop additional public and professional resources in the area(s) of trauma expertise for use by the Network as well as for use and dissemination of programs and services outside of the Network.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, gender and socioeconomic status in the population(s) you intend to serve.

Section C: Staff, Management, and Relevant Experience (25 points)

- Describe the experience of the proposed TSA Center Director(s) in providing national leadership on child traumatic stress in the specific trauma area, experience in developing trauma knowledge and/or intervention approaches, or in providing services to traumatized populations in the specific area of trauma; describe experience with service systems and/or professional organizations that provide services in this area of trauma.
- Discuss experience of other staff with the traumatized populations receiving trauma services in this area of trauma, particularly underserved populations; describe staff experience with and familiarity with the culture(s) and language(s) in traumatized populations in this area of trauma; indicate how the applicant organization will support and promote cultural competence in the Center's activities through staffing and/or training.
- Discuss the capability and prior experience of the applicant organization and other participating organizations with child/adolescent/family mental health and trauma projects and populations.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, such as the program evaluator; indicate the role of each and their level of effort and qualifications.
- Provide a timeline of project activities adequate to achieve the proposed goals of the project with indication of dedicated staff and responsibility for accomplishing the individual goals of the project.
- Describe the physical resources available for the proposed project (e.g., facilities, equipment, etc.).

Section D: Performance Assessment and Data (20 points)

- Identify indicators of goal accomplishment for the major goals of the project, describe indicators of expected positive outcomes for intervention training and implementation and indicators of positive intervention outcomes for service recipients; describe methods that will be used to collect indicator data and how such data will be analyzed, reported and used for your local evaluation.
- Document your ability to collect and report on the required performance measures as specified in [Section I-2.3](#) of this RFA. Describe your capacity for data collection, management, analysis and reporting, including staff dedicated

to data collection with their experience and qualification 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.

Applicants can only apply for **one** of the supplement activities, if you choose more than **one** activity your supplemental application will not be considered for review, therefore, resulting in your application for the core TSA Center to only be reviewed and scored.

Section F1: Supplemental Funding - TSA Partnership (100 Total Points)

Capacity and Proposed Partnerships (25 points)

- Provide a list of the national experts in the identified area of trauma, including intervention development experts, highly experienced service providers and consumers, who have agreed to participate in the proposed Partnership. Briefly describe their experience and accomplishments in (1) knowledge of the targeted trauma area; (2) intervention development (3) service delivery in the targeted trauma area; and/or (4) prior collaboration with child services systems. Justify their selection in terms of their background, experience, skills, and national reputation; indicate their role in the partnership, level of commitment, and the amount of time and effort they will dedicate to the Partnership. Include brief 2 page bios of all proposed individual experts in Section G of the application and letters of commitment in Attachment 5 of the application.
- Identify organizations/agencies/institutions that will be major players in the Partnership. Describe each organization's experience and technical expertise in the specific area of trauma and their role in the Partnership. Include letters of commitment in Attachment 5 of the application.
- Provide a list of service programs that have been recruited and/or plan to recruit service programs that provide services in the area of trauma to partner in the intervention development activities, piloting, and evaluating intervention programs; the applicant must indicate how their staffs will participate in the partnership activities

Proposed Approach (45 points)

- Describe the approach the Partnership will take to achieving consensus in the field or of the Partnership on priority issues and project goals in the specific area of

trauma. Describe how the recruited experts, providers, consumers and family members will participate in this process; and what processes will be used to gather additional input from the field about priorities in the area of trauma, such as surveys, web-based discussion groups.

- Describe the mechanisms that will be used to support participation of the Partnership's national expertise in Partnership activities, such as formal partnerships, subcontracts, consultancy agreements, or advisory board memberships. Describe procedures that will be used to ensure maximum participation in Partnership activities, such as a schedule of face-to-face meetings and/or video or voice communication methodologies and capacities.
- Describe plans to recruit participation of additional service programs and service provider organizations during the course of the project in order to expand the reach of the Partnership in the specific area of trauma, describe existing contacts that can be used and/or incentives offered for collaboration with the Partnership; indicate what types of reimbursement the Partnership will provide to the service programs for their participation in the Partnership (e.g., training costs and training time-off for practitioners and supervisors, and support for data collection personnel);

Dissemination and Program Assessment (30 points)

- Describe plans to ensure that Partnership activities will have national impact and can be disseminated nationally such as:
 - Training large number of service providers in trauma-focused interventions
 - Changing how service systems provide interventions/resources to traumatized children/adolescents in your area of trauma
 - Wide disseminating of intervention products to practitioners
- Describe available resources that have been developed in the proposed trauma area, including a description of the adequacy of these resources and a plan to develop additional public and professional resources in the proposed area of trauma for use by the Network and for dissemination outside the Network.
- Describe the method to be used to evaluate and revise intervention products and trainings, include a description of the role of practitioners, consumers, and family members in this process.

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.

Section F2: Supplemental Funding: Training and Dissemination (100 Total Points)

Geographical Focus and Proposed Partnerships (30 points)

- Describe the geographic area of the country where you are proposing to provide training and dissemination; current availability of trauma services for children and adolescents in the area and any connection(s) with major service providers and child-serving service systems in the area.
- Describe how you intend to coordinate training with the efforts of the National Center (Category I) to provide “virtual” training in trauma treatment EBPs in the proposed geographic area.

Organizational Capacity, Expertise and Proposed Approach (45 points)

- Describe the background, experience and expertise of staff, consultants, and contractors in providing trauma treatment trainings and particularly any prior experience in using the Learning Collaborative model. Describe how you plan to implement these trainings.
- Describe staff expertise in evidence-based trauma treatment and service intervention models and sufficient resources to provide effective training to large numbers of practitioners in the identified geographic area.
- Information on availability and access to facilities and resources to conduct training in trauma-focused interventions to large numbers of practitioners.
- Describe prior experience and a plan to conduct outreach activities to recruit service agencies and providers to participate in the training.

Dissemination (25 points)

- Describe how you intend to disseminate NCTSN-developed trauma products to providers, consumers, and the public.

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 F](#) of this document.

Section G: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix E of this document.

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

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application 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 to receive services and program size.

TSA Category II Funding Decisions: The intent of this announcement is to have “coverage” and expertise in a range of trauma areas, service systems, settings, and populations. Applicants are asked to identify their area of expertise and interest. SAMHSA has an interest in ensuring that the range of trauma areas are addressed by grantees awarded under this funding announcement. SAMHSA may make a funding

decision regarding the areas of trauma the applicant proposes to address thereby ensuring adequate “coverage” of trauma areas outlined in Section I.2.

Supplemental Funding Decisions: Applications that do not receive a fundable score on the core TSA Center requirements will not be considered for supplemental funding. In an effort to ensure balance/sufficient geographic distribution of Partnership and Training and Dissemination Opportunities in selected areas of trauma, SAMHSA may make a funding decision regarding the Partnership or Training and Dissemination supplements according to the geographic area the applicant proposes to operate, thereby ensuring adequate coverage of the requisite trauma categories. This decision would not impact the funding of a core TSA grant that receives a fundable score.

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 will receive notification from SAMHSA.

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 package for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in [Section I-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Ken Curl, M.S.W.
 Division of Prevention, Traumatic Stress, and Special Programs
 Center for Mental Health Services
 Substance Abuse and Mental Health Services Administration
 1 Choke Cherry Road
 Room 6-1148
 Rockville, Maryland 20857
 (240) 276-0401
Kenneth.curl@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

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. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section [IV-3](#) of this grant announcement.
- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.
- 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 (SF-424)
 - Abstract
 - Table of Contents

- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist
- Documentation of nonprofit status as required in the Checklist
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Appendix G of this announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the Checklist.
- 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 SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have active CCR registration. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <https://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please also allow sufficient time 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 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 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 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Section E – G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively.

Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

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 for the core TSA Center Application. TSA Partnership or TSA Training and Dissemination Project Narratives may not exceed 5,150 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.

Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., “Project Narrative”, “Budget Narrative”, “Other Attachment 1”, and “Other Attachment 2”. **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

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 – 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 package and can be downloaded from the Office of Management and Budget (OMB) Web site at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, 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-12-006**. 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)² to the head(s) of appropriate State and local health

² 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 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).

agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF-424); 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:** Diane Abbate, 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-12-006**. 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 D – 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.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

- 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 E – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix F – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

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

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

The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

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

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

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

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form S-424A) **\$10,896**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

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

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$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 SF-424A) **\$ 0**

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

FEDERAL REQUEST

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

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

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

FEDERAL REQUEST

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

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

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

Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

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

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

Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

Marketing Coordinator will develop a plan to include public education and outreach efforts to engage 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 SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

FEDERAL REQUEST

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

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

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

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

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

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

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

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$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 SF-424A)

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 SF-424A) \$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093

TOTALS: (sum of 6i and 6j)

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$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:	09/30/2012	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

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

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$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 I – 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, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.