

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR MENTAL HEALTH SERVICES

CENTER FOR SUBSTANCE ABUSE PREVENTION

CENTER FOR SUBSTANCE ABUSE TREATMENT

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
KNOWLEDGE DISSEMINATION CONFERENCE GRANTS

Short Title: SAMHSA Conference Grants

Program Announcement (PA) No. PA 98-090

Catalog of Federal Domestic Assistance No. 93.218

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 U.S.C. 290aa), and subject to the availability of funds, the Substance Abuse and Mental Health Services Administration will accept applications in response to this announcement. Awards are contingent on availability of annual appropriations.

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Date of Issuance: February 1998

NOTE: This announcement supersedes all previous announcements for

SAMHSA Conference Grant Programs.

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I. PROGRAMMATIC GUIDANCE

INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) announce the availability of grants to support domestic conferences for the chief purpose of knowledge synthesis and dissemination. The goal of SAMHSA knowledge synthesis and dissemination activities is to improve the quality of the Nation's substance abuse and mental health treatment and prevention services and systems. Conferences to be supported will involve coordinating, exchanging, and disseminating knowledge to improve the provision of effective treatment, recovery, early intervention, and prevention services for individuals who suffer from, or are at risk for, problems related to mental illness and/or substance abuse.

This Program Announcement (PA) replaces the Substance Abuse Treatment Conference Grants Program Announcement, AS-94-03, issued in July 1994; and the Substance Abuse Prevention Conference Grants Program Announcement, AS-94-01, issued in October 1994.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting target goals for identified health indicators. This PA is related specifically to both the Mental Health and Mental Disorders priority area and the Alcohol, Tobacco and Other Drugs priority area. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock Number 017-001-00474-0; or Summary Report: Stock Number 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (Telephone 202-512-1800).

This announcement also relates to goals set forth in the National Drug Control Strategy: 1997, particularly as it relates to Goal 3: [to] reduce health, welfare and crime costs resulting from illegal drug use. The National Drug Control Strategy: 1997 may be obtained through the Drugs and Crime Clearinghouse (Telephone 1-800-666-3332). This announcement also is guided by strategic priority areas set forth in the SAMHSA Strategic Plan, which can be obtained from the

National Clearinghouse for Alcohol and Drug Information (1-800-729-6686).

As an organization charged with providing leadership to improve the Nation's substance abuse and mental health services, SAMHSA has initiated its Knowledge Development and Application (KDA) Program to develop new knowledge in its fields' crucial areas, and to get that knowledge into real-world practice as expeditiously and efficiently as possible. New knowledge derives from scientific research and from the experiences of providers in States, localities, and the private sector, as well as from professional organizations, academia, and consumers and their families. SAMHSA considers the research process incomplete until its successful innovations are put into practice, and, to that end, wishes to enhance the application of knowledge from all sources. Conference grants are one important way SAMHSA hopes to facilitate the transfer of new knowledge into practice. Under this announcement, applications are invited for conferences relating to substance abuse (including abuse of alcohol, tobacco, and other drugs) and mental illness prevention, early intervention, and treatment innovations, including conferences to disseminate information to the services communities and to the general public, and to develop strategies for improving substance abuse and mental health services.

The intended audiences for this announcement are principally consumer and provider services-oriented constituency groups that share an interest with SAMHSA in community consensus building, leadership, knowledge synthesis and dissemination, advocacy, and other activities to improve substance abuse and mental health services. Included are organizations representing State and local governments, professional associations, voluntary organizations, and self-help groups.

SAMHSA is committed to services that are professional, competent and effectively meet the critical substance abuse and mental health needs of the Nation's diverse population. To be professional, competent and effective, prevention and treatment services must address gender, age, racial, ethnic and cultural issues, and related factors such as geographic and economic environments. Additionally, SAMHSA believes that families and consumers contribute significantly to successful outcomes and must be appropriately involved in the conceptualization, planning, implementation, and evaluation of SAMHSA projects. Therefore, SAMHSA is committed to funding projects that are culturally competent, gender-sensitive, age appropriate, and customer-driven (family and consumer) in their approaches.

PROGRAM DESCRIPTION

Program Goal

SAMHSA's CMHS, CSAP, and CSAT will provide support for up to 75 percent (to a maximum of \$50,000) of the total direct costs of planned meetings and conferences designed to provide or promote

quality substance abuse and mental health treatment and prevention services and systems that are being sponsored by organizations or coalitions working in mental health and/or substance abuse. In their award decision-making process, the SAMHSA Centers will give special consideration to applications that address one or more of SAMHSA's and the Center's program priorities (see Award Decision Criteria section). In each area, the Center's goal is to identify current and promising practices in the field, particularly those grounded in empirical data. SAMHSA/Center program priorities follow.

Each of the SAMHSA Centers maintains responsibility for its respective areas of expertise--substance abuse treatment, substance abuse prevention, and services for and prevention of mental illness. However, many of the individual topics that the conference grant program solicits are of a cross-cutting nature, such as: HIV/AIDS, workplace issues, managed care, co-occurring disorders, consumer rights protection, and special populations. Accordingly, each of the SAMHSA Centers is interested in synthesizing and disseminating conference findings with the broadest application for the three fields. To ensure against duplication of effort or funding, when the subject of a conference application is of interest to more than one Center, program staff will communicate to determine which Center will take lead authority for the grant.

Center for Mental Health Services

The Center for Mental Health Services, working in partnership with other Federal agencies, State and local mental health authorities, service providers, consumers of services, and their families, plays a pivotal role as an agent of change in the field of mental health. It is guiding a service system in transition, stimulating the capacity of its partners to improve and enhance mental health treatment, illness prevention, and support services, placing them within reach of all Americans in need. To this end, CMHS develops new strategies and highlights effective practices using an array of the latest

research-based treatments and support services. The Center's national programs promote the integration of relevant, culturally appropriate community services, opening the door to a comprehensive service system--often termed a system of care--for those who need continuing intervention. Such integrated services are especially important for children and adolescents with serious emotional disturbances and adults with serious mental illness, including those involved in the criminal justice system and those who are homeless.

CMHS programs also work to foster interventions to help safeguard against the onset of severe mental illnesses in the first instance, working particularly to end stigma and to strengthen individual, family, and community factors that promote an individual's resilience in the face of life challenges and stresses that could lead to mental illness.

The Center is particularly interested in conferences that focus on mental health issues in relationship to any of the following areas. The examples cited within each category are not an exclusive listing of topics in which CMHS would have an interest; topics identified may have relevance to more than one category.

- o Cross-Cutting Issues (Issues pertaining to mental health and HIV/AIDS; at the interface of co-occurring disorders, whether mental and physical or mental and substance abuse; as a result of violence--including domestic violence, elder abuse, disasters, and other natural or man-made trauma; in the area of cultural competence in service delivery, health professional training, etc.; in the area of women's mental health, including ways to address gender differences in diagnosis and treatment; and in the growing and challenging area of managed behavioral care, whether in the public or private sectors.)
- o Issues in Service Delivery (The identification and implementation of "best practices" in the diagnosis and delivery of mental health services including issues relating to consumer rights; collaborations with faith communities and other community-based mental health-related resources; transition services for youth reaching the "break-point" between child and adult service systems.)
- o Enhancing Prevention/Resilience (Early identification and intervention approaches for children and youth; the role

of primary care in early identification/intervention; strengthening community awareness; enhancing community response to catastrophic trauma.)

- o Consumer and Family Issues (Family involvement/partnerships with professionals in local service systems; the role of consumers in the development of exemplary practices and mechanisms for consumer participation in service delivery including issues relating to consumer rights; mechanisms to help confront stigma and discrimination; design of specialized ways to reach consumers/families in ethnic/minority and rural communities.)

- o Service System Infrastructure Issues (Issues in State/local funding for mental health services including the concept of dollar-blending; utilizing new technologies, including telecommunications, to improve mental health services; workforce training and preparation.)

Questions concerning program issues may be directed to:

Teddi Fine, M.A.
Office of the Director
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 15-99
5600 Fishers Lane
Rockville, Maryland 20857
Tele: (301) 443-0553
Fax: (301) 443-1563
E-mail: tfine@samhsa.gov

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention's mandate is to provide national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems. These problems are intrinsically linked to other serious national problems such as premature death, crime, violence, rising health care costs, academic failure, HIV/AIDS, teen pregnancy, and low work productivity. CSAP fosters the development of comprehensive, culturally appropriate, prevention policies and systems that are based on scientifically defensible principles and target both individuals and the environment in which

they live. CSAP participates in the development of new knowledge about prevention, disseminates it in a "user friendly" manner, and encourages its application in settings where it is likely to prevent or reduce substance abuse.

CSAP is particularly interested in conferences that focus on substance abuse prevention in relationship to any of the following areas:

- o Rural Areas - issues pertaining to rural substance abuse, especially marijuana, methamphetamines, or any emerging substance abuse problem, also overcoming the distance barriers faced by rural communities.
- o Persons with Disabilities - the impact of disabilities on persons of any age or ethnic group or their families and caregivers, especially youth with children.
- o The Workplace - information on employee assistance programs, referral services, drugs in the workplace, and other related issues.
- o Violence - violence prevention, and especially issues pertaining to violence against females, children, and the elderly in relations to substance abuse.
- o HIV/AIDS - information on HIV/AIDS prevention, HIV/AIDS-related illnesses, sexual risk taking, and substance abuse related issues.
- o High-Risk Youth - including gay/lesbian/bisexual youth and girls/women, particularly developmental ages 0-8 and 9-14, and late adolescence--issues pertaining to youth in high risk situations to develop resiliency skills, alternative to substance abuse activities, literacy skills, also services for mentoring youth and skill-building activities.
- o Cultural Diversity - issues that assist in meeting the critical substance abuse prevention needs of a diverse population; these will address gender, age, racial, ethnic and cultural issues, and related factors such as geographic and economic environments.

- o The Elderly - information on substance abuse (e.g., alcohol and prescription drugs) by the elderly and the effects on their families and caregivers.

In addition, CSAP has a particular interest in acquiring more knowledge about managed care issues as they relate to alcohol, tobacco, and other drugs, including prevention policy, principles, services, best practices, and issues of cultural competency in relation to a managed care environment.

A proposed conference submitted to CSAP should focus on one or more prevention strategies such as building skills, community mobilization, raising awareness, changing norms, media outreach, media advocacy, social marketing, environmental policy, and role of alternative activities to substance abuse use. CSAP believes that such strategies constitute the tools needed by communities, groups, and organizations to develop a comprehensive approach to substance abuse prevention. Research and community experiences have repeatedly shown that one strategy alone is unlikely to be effective in reducing substance abuse problems. However, as more community sectors become involved, multiple strategies will begin to evolve, and an inclusive, coordinated prevention effort can emerge for each community.

Because CSAP regards conference planning as a team effort, conference planners are encouraged to be creative in linking with existing regional efforts, as well as relevant grassroots organizations and agencies that may have a stake in prevention knowledge. Applicants are encouraged to link with and include on their team the following entities: (1) CSAP Community Partnerships/Coalitions and High Risk Youth grantees within the region; (2) the Regional Alcohol and Drug Awareness Resource (RADAR) Network liaison(s); (3) representative of the target population for the conference; and (4) grassroots organizations that are concerned with substance abuse prevention and associated problems. In addition, the applicant should link closely with the CSAP regional Centers for the Application of Prevention Technologies (CAPTs) and State-Wide Prevention Networks as they are established. Co-sponsorship of the conference with other organizations is also encouraged.

CSAP views conferences as increasing awareness and interest in prevention by offering promising information and approaches both to those who are and/or those who are not yet involved in prevention, and to use innovative ways to convey that knowledge to the conference participants and subsequently to the general public. Conference planners are expected to have hands-on experience in, or knowledge

of, the field of prevention sufficient to conduct a state-of-the-art conference.

Questions concerning program issues may be directed to:

Terri Stover
Division of Prevention Application and Education
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Suite 800
5600 Fishers Lane
Rockville, Maryland 20857
Tele: (301) 443-0378
Fax: (301) 443-5592
E-mail address: tstover@samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment was created by Congress to expand the availability of effective treatment and recovery services for alcohol and drug problems. CSAT works cooperatively across the private and public treatment spectrum to identify, develop, and support policies, approaches, and programs that enhance and expand treatment. CSAT's initiatives are based on research findings and the consensus of experts in the addiction treatment field that, for most individuals, treatment and recovery work best in the context of a community-based, coordinated system of comprehensive services designed to assure a continuum of support for recovery. CSAT supports the Nation's treatment infrastructure in providing an array of gender-specific and culturally appropriate services, evaluating the effectiveness of treatment and the delivery of services, and continually utilizing evaluation results to reformulate treatment, recovery, and service delivery approaches.

CSAT is particularly interested in conferences that focus on substance abuse treatment in relationship to the following areas:

- o Managed Care and Service Financing - the impact of managed care on use, quality, cost, access and client outcomes relative to treatment services provided to substance abusers.
- o Early Childhood Problems - treatment service delivery to infants of substance abusing women and young children affected by substance abuse.

- o Emerging Issues - newly developing problems in the substance abuse treatment field in order to be timely in developing an effective national response (e.g., methamphetamine, etc.).
- o Co-Occurring Disorders - the cost-effectiveness and outcomes of the provision of substance abuse treatment services to individuals who have co-occurring disorders.
- o Criminal Justice - innovative jail diversion programs for adults with substance abuse problems (e.g., drug courts) and treatment service delivery to addicted youth in the criminal justice system.
- o Changing Treatment Systems and Practice - expansion of the knowledge base for the field, as well as continuing synthesis and dissemination efforts to assist the transfer of that knowledge into practical application.
- o Standards and Guidelines - standards of care and practice guidelines that will ensure quality services that are accessible to those in need of alcohol and other drug treatment.

Questions concerning program issues may be directed to:

Roberta Messalle
Office of Scientific Evaluation, Analysis, and Synthesis
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Room 8A123
5600 Fishers Lane
Rockville, Maryland 20857
Tele: (301) 443-4080
Fax: (301) 480-3144
E-mail address: rmessall@ngmsmtp.samhsa.gov

Project Requirements

SAMHSA's Centers will sponsor conferences to improve the quality and availability of substance abuse and mental health treatment and prevention services and systems. The conference focus should be based on the demonstrated need for the knowledge within the

geographic region or regions to be served by the conference. While the conference should draw from regional audiences, people from other regions across the country may also be invited. The applicant must describe fully the composition and size of the target audience. The conference may be conducted at more than one site, provided that each separate meeting relates directly to the central conference topic.

Conference planners are strongly encouraged to link with existing regional efforts and resources, such as organizations and agencies with a stake in prevention and/or treatment and service delivery improvement. The SAMHSA Centers, in their award decision-making process, will give special consideration to proposed projects that (1) represent a collaboration of two or more State, regional, or national groups; and/or (2) present knowledge dissemination sessions as part of regional or national conferences in the health or human services fields (see Award Decision Criteria section). Applicants may provide letters of agreement from two or more State, regional, or national organizations that agree to collaborate on the proposed conference in Appendix 1, entitled "Letters of Collaboration." Plans to present knowledge dissemination sessions as part of regional or national conferences sponsored by professional associations in the health or human services fields may be provided in Appendix 2, entitled "Knowledge Dissemination Session Plans."

Where applicants propose a conference building on prior work, either conducted independently, or funded under previous Federal grants, the application should discuss these previous efforts and how the proposed effort complements or builds on that activity. (Note: There is no need for the applicant to provide an explanation for the "ground-breaking nature of the application." The Centers only require explanation of the linkage to previous work.)

It is important that all conference topics be addressed with appropriate consideration of the needs of the diverse populations SAMHSA serves, including: American Indians, Alaska Natives, Asian Americans, Pacific Islanders, Hispanic Americans, African Americans, women, and persons with disabilities.

SAMHSA also considers the participatory planning process used in the preparation of an application; i.e., participation of relevant stakeholders in planning the conference, as important. In the case of CMHS, in particular, the Center requires all

applicants to involve direct service recipients (or in the case of

young children, their parents or guardians) in the planning and implementation of projects proposed for funding.

Each conference is expected to yield a product (report or publication) of specific relevance to the particular Center's mission at the national, State or community level. Since the purpose is knowledge synthesis and dissemination, applying for support under this program requires both disseminating treatment/service delivery/prevention knowledge to conference participants and, once the conference is over, sharing that knowledge with wider audiences. Therefore, the applicant must provide a specific plan to submit articles to the pertinent Center and to appropriate professional journals in the field related to health, social services, public policy, media and communications, and/or business. All conference products, with the exception of copyrighted material, shall be considered in the public domain.

SAMHSA considers the timing of planned conferences critical because concurrent conferences could compete for the same audience. Therefore, applicants should propose conferences where scheduling does not compete with other conferences on similar topics.

Conference formats may include consensus conferences at which experts are convened to assist in the identification and framing of exemplary practices; practice modification conferences at which sharing, exploring, and shaping of new modes of service and support practice based on exemplary practices occur; or conferences to assist SAMHSA in determining how to affect needed changes. The SAMHSA Centers encourage innovative conference/conferencing techniques or proposed products (e.g., teleconferencing, unique use of the Internet, or dissemination of CD-ROM) that can extend the reach of the conference in a cost-effective manner.

Grantees will be required to develop a plan to evaluate the conference planning, the content of the conference, and the effectiveness/success of the outcome of the conference, including the production and dissemination of the required conference work products.

Definitions

For the purposes of this grant program, a conference is a regional workshop or any other organized and formal meeting lasting one or more days where persons assemble to exchange knowledge and information and address substance abuse and mental health treatment

and prevention strategy needs in such areas as sharing new technologies, problem-solving with special populations, network-building, or implementation issues surrounding public policy.

While a conference may result in educational experiences, this is **not** a program to impart training (i.e., training participants to become trainers themselves or training leading to a specific curriculum for degree advancement). Likewise, it is **not** intended to carry out research, or to synthesize or disseminate research information for the scientific research community. Conference grantees, however, are encouraged to include active teaching/learning of prevention and treatment research findings, provided that such findings are clearly tied to prevention/treatment goals or action steps for the intended populations and by the intended audience. The conference should promote systems change where applicable.

The terms region or regional, as used in this PA, refer to relatively contiguous geographic areas, such as standard metropolitan statistical areas or larger, States with common borders, or other natural geographic or social-political commonalities.

ELIGIBILITY

Applications may be submitted by public and domestic private nonprofit and for-profit entities. An individual is not eligible to receive grant support for a conference.

An entity is eligible to receive funding from a particular Center (CMHS, CSAP, or CSAT) for only one conference annually.

Support for only one conference from one SAMHSA Center, as defined above, may be requested in any single application.

Applications proposing annual conferences that address the same topic will not be accepted.

AVAILABILITY OF FUNDS

It is estimated that approximately \$250,000 from CMHS; \$500,000 from CSAP; and \$500,000 from CSAT will be available to support awards under this program in FY 1998. Actual funding levels will depend upon the availability of appropriated funds in FY 1998, and the following fiscal years.

Approved awards will be limited to a maximum of 75 percent of the

total direct costs of a conference or \$50,000, whichever is less. Indirect costs are not allowed.

(NOTE: While it is anticipated that most conferences will be funded by the individual SAMHSA Center to which the applicant applied, it is possible that a proposed conference topic may be cross-cutting and, therefore, of interest to more than one Center. Thus, two or more SAMHSA Centers may choose to provide support for a conference. Under such circumstances, the grant award will be made by a single Center; i.e., the "lead" Center. In either case, the maximum support will be for up to 75 percent (to a maximum of \$50,000) of the direct costs of the planned meeting/conference).

PERIOD OF SUPPORT

Awards will be made for a maximum of 12 months.

SPECIAL CONSIDERATIONS/REQUIREMENTS

Concept Paper

The SAMHSA Centers encourage and will accept for review concept papers (not to exceed two pages) from prospective applicants by FAX, e-mail, or regular mail. Center staff will provide comments by e-mail, FAX, or phone. Applicants must include a phone number where the project director may be reached. Submission of a concept paper will have no bearing on the subsequent review and acceptance of an application.

Concept papers should succinctly address: (1) area of prevention or treatment focus and specific aims; (2) background and need; (3) approach, method, and planning process; (4) description of target audience; (5) timing of conference; (6) expected contribution to the field; (7) proposed budget; and (8) plan for dissemination of findings.

Concept papers may be submitted anytime up to 40 days prior to the application receipt date in order that staff may offer technical assistance. (Note: Technical assistance provided by staff does not imply or guarantee that an application submitted following TA provision will be scored or that a grant award will be made.)

Concept Paper Due

Application Receipt Date

March 30
July 30
November 30

May 10
September 10
January 10

Concept papers should be mailed, e-mailed, or faxed to the specific Center staff contact responsible for responding to programmatic issues. These individuals are listed in the Program Description section of this announcement.

Supplantation of Existing Funds

The SAMHSA Centers, in their award decision-making process, will give special consideration to applicants who certify that Federal funds will not be used to supplant or replace funds already committed for proposed projects (see Award Decision Criteria section). A letter certifying that Federal funds will not be used to supplant/replace funds already committed may be provided in Appendix 3, entitled "Non-Supplantation of Funds."

Intergovernmental Review (E.O. 12372)

Applications submitted in response to this announcement are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. A current listing of SPOCs is included in the application kit. The SPOC should send any State process recommendations to the following address:

Division of Extramural Activities, Policy, and Review
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, Maryland 20857
ATTN: SPOC - PA 98-090

The due date for State process recommendations is no later than 60 days after the deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Public Health System Reporting Requirements

The program is not subject to the Public Health System Reporting Requirements.

Confidentiality/SAMHSA Participant Protection

Applicants and awardees are expected to develop and implement appropriate procedures to address confidentiality and other ethical

issues pertinent to the protection of participants in proposed projects. Confidentiality is particularly important in SAMHSA projects because of the illegality of drug use and the potential for stigmatization of participants affected by substance abuse, mental illness, HIV counseling, and the like. If any participants in the proposed project could be exposed to a risk or problem through any failure of the project to keep information about them confidential, the applicant must develop procedures to prevent these risks and must describe them in the application (see Part II, Application Instructions).

If applicable, applicants and awardees must maintain the confidentiality of any alcohol and drug abuse treatment client data in accordance with 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records." These regulations are applicable to any information on or about alcohol and other drug abuse patients obtained by a Federally-assisted program, as defined in the regulations. Projects that offer treatment for mental illness must maintain confidentiality in accordance with professional standards of practice and applicable law.

Other relevant ethical issues, such as equitable selection of participants and adequacy of care, must also be addressed in the project plans and application. Where applicable, project staff must meet State and local licensure and professional accreditation standards, as well as normal professional standards of care and practice. Project directors have direct and continuing responsibility to ensure that participant protection is adequate.

The SAMHSA Center Directors have determined that projects funded under this PA must meet SAMHSA Participant Protection (SPP) requirements. Applicants are required to address participant protection in the program narrative section of the application and to respond NOT applicable to Part A, Item 5, Human Subjects Certification, on the Checklist in the PHS 5161-1 application. See Part II of this PA for detailed instructions.

Promoting Nonuse of Tobacco

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood

development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 5/96), which contains Standard Form 424 (face page). Depending on the focus of the proposed conference and the Center the applicant is seeking support from, one of the following statements must be typed in Item Number 10 on the face page of the application form:

PA 98-090 CMHS Conference Grants
PA 98-090 CSAP Conference Grants
PA 98-090 CSAT Conference Grants

Grant application kits, including Form PHS 5161-1, with Standard Form 424, complete application procedures and accompanying guidance materials for the narrative, approved under OMB No. 0937-0189, may be obtained from:

National Clearinghouse for Alcohol & Drug
Information (NCADI)
P.O. Box 2345
Rockville, Maryland 20847-2345
1-800-729-6686; 1-800-487-4889 (TDD)

- or -

Center for Mental Health Services Knowledge Exchange
Network (KEN)
P.O. Box 42490
Washington, DC 20015
1-800-789-2647

All the required components of the application kit, including the PHS 5161-1 and the Standard Form 424, are also available for electronic downloading through the "Funding Opportunities" option on SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

The full text of the PA is available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>); the CMHS Knowledge Exchange Network (KEN) (voice line 1-800-789-2647, Electronic Bulletin Board 1-800-790-2647, or Web Site www.mentalhealth.org); and the CSAP/CSAT National Clearinghouse for

Alcohol and Drug Information (NCADI) Web Site (address:
www.health.org).

Applicants must submit: (1) an original copy signed by the authorized official of the applicant organization, with the appropriate appendices; and (2) two additional, legible copies of the application and all appendices to the following address:

SAMHSA Conference Grant Program
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 ROCKLEDGE DRIVE MSC-7710
BETHESDA, MD 20892-7710*

***Applicants who wish to use express mail or courier service should change the zip code to 20817.**

NOTE: Do not use an individual's name or provide a telephone number on the address label. Overnight carriers and express mail have waived the requirements for these. Any changes in the referenced Center for Scientific Review address will result in the application being misdirected and could result in the application being lost and/or not reviewed.

Applications that are scored but do not receive funding will be kept in active status (i.e., eligible for funding) for 12 months. The 12-month period begins on the original date of notification to the applicant that the application has been scored. At the end of the 12-month period, if the application remains unfunded, it will no longer be eligible for funding. Instructions for revising/resubmitting applications can be found in Part II, Application Instructions.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The initial schedule for receipt and review of applications under this PA is as follows:

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Earliest Start Date</u>
May 11, 1998	July/Aug. 1998	September 1998

Thereafter, applications will be received and reviewed according to

the following schedule.

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Earliest Start Date</u>
September 10	November/December	January
January 10	March/April	May
May 10	July/August	September

Applications must be received by the above receipt date(s) to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (Note: These instruction replace the "Late Applications" instructions found in the PHS 5161-1.)

If the receipt date falls on a weekend or on a holiday, it will be extended to the following work day.

Applicants are advised that one or more of the above receipt dates may be withdrawn, depending on the availability of funds. Applicants are strongly encouraged to verify receipt dates and availability of funds before preparing and submitting applications.

CONSEQUENCES OF LATE SUBMISSION

Applications received after the specified receipt dates are subject to assignment to the next review cycle or may be returned to the applicant without review.

REVIEW PROCESS

Applications submitted in response to this PA will be reviewed for technical merit in accordance with established PHS/SAMHSA review procedures.

The Center for Scientific Review (CSR) at NIH serves as a central point for the receipt of applications. Upon receipt at CSR, applications will be screened by staff in the SAMHSA Division of Extramural Activities, Policy, and Review (DEAPR) for completeness and compliance with instructions for submission (see Part II, Application Instructions). Applications that are incomplete or non-responsive will be returned to the applicant without further consideration.

Revisions of returned applications will not be reaccepted for the same receipt/review cycle, but may be submitted for the next cycle.

Applications that are accepted for review will be assigned to an Initial Review Group (IRG), composed primarily of non-Federal experts, and will undergo a merit review process. The IRG will evaluate applications for technical merit on the basis of the review criteria specified in the PA. Reviewers will be asked to assign scores only to applications which they consider to have sufficient technical merit for program staff to consider as candidates for funding. Notification of the IRG recommendation will be sent to the applicant upon completion of the initial review.

REVIEW CRITERIA

Applications will be reviewed and evaluated according to the following review criteria. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D to this PA for guidelines that will be used to assess cultural competence.)

1. POTENTIAL SIGNIFICANCE OF THE PROPOSED PROJECT (35 points)

- C The extent to which the proposed conference has potential regional or national significance for the fields of substance abuse and/or mental health treatment, service delivery, and prevention. This includes interstate, city, or regional collaboration and consideration of the demonstrated need among the targeted audience for the knowledge to be imparted.
- C The relevance of the proposed project to SAMHSA mission to improve the delivery of mental health and/or substance abuse prevention, treatment, and recovery services.
- C The potential for dissemination of new knowledge that yields region-wide effects or otherwise applies to

nationally-prevalent substance abuse, mental health, or allied health issues.

- C The extent to which the literature review reflects the current state of knowledge regarding culturally competent services in this area and provides appropriate discussion that demonstrates how the referenced citations relate to the population(s) to be served, including relevant issues of culturally competent service delivery.

2. **MERIT AND APPROPRIATENESS OF THE PROJECT PLAN (35 points)**

- C Clarity and justification of overall goals, objectives, and approach of the conference.
- C Manner in which the conference is planned and organized.
- C Feasibility of the conference agenda.
- C Extent to which the project demonstrates inter-agency collaboration and cooperation in both conference planning and conduct.
- C Appropriateness of speakers, presenters, and participants.
- C Adequacy of plan for development and dissemination of conference product(s) (e.g., publications, reports).
- C Extent to which the applicant has demonstrated an adequate participatory planning process that involves individuals reflective of the population (and in the case of CMHS, direct service recipients) in the plans for and preparation of the application.

3. **MANAGEMENT PLAN, STAFFING, PROJECT ORGANIZATION AND RESOURCES (25 points)**

- C Presence of an administrative and organizational structure that will facilitate achievement of the proposed objective(s) of the conference.
- C Capability/experience of the proposed conference director and other key personnel.
- C Recognition of cultural competence, language, and gender

issues as evidenced in proposed staffing, conference organization, and products.

- C Adequacy of previous reports of conferences (if any) produced by the applicant.

4. **APPROPRIATENESS OF THE EVALUATION PLAN (5 points)**

- C Clarity/feasibility/appropriateness of proposed plan for evaluation of conference planning, content and outcome, including the production and dissemination of the required conference product(s).

NOTE: Although the reasonableness and appropriateness of the proposed budget for the proposed conference is not a review criterion for this PA, the IRG will be asked to consider it after the merits of the application have been considered.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG review process.

Other award criteria will include:

- C Availability of funds.
- C Relationship of proposed conference to the program priorities of SAMHSA and/or one or more of its Centers.
- C Balance of topics in the pertinent Center's overall conference portfolio.
- C Equitable balance of awards in terms of geography (including rural/urban) and demographics.
- C Evidence of collaboration of two or more State, regional, or national groups in planning the proposed conference.
- C Evidence of plans to present knowledge dissemination sessions as part of regional or national conferences in the health or human services fields.
- C Evidence of non-supplantation of funds.

TERMS AND CONDITIONS OF SUPPORT

Assistance will be provided in the form of a discretionary grant. Grant funds may be used only for those expenses clearly related to and necessary to carry out the approved conference activities.

Indirect costs are **not** allowed under this program.

SAMHSA and/or the pertinent Center shall have the opportunity to exhibit and/or distribute informational material at the conference, if appropriate. No registration fees will be charged to SAMHSA/Center staff.

A SAMHSA/Center official should be given the opportunity to either open the conference or to be a plenary speaker.

The pertinent SAMHSA Centers' support must be acknowledged in all conference material. However, all conference documents, such as agendas, programs, proceedings, publications, and reports, must include a disclaimer to the effect that grant support of the conference does not imply endorsement by SAMHSA, the pertinent Center, or by the Federal Government of any conference activities or oral or written information presented at, or resulting from, the conference.

REPORTING REQUIREMENTS

As required by the "PHS Grants Policy Statement," grantees are responsible for submitting an original and two(2)copies of the following reports to the SAMHSA Division of Grants Management within 90 days of completion or termination of a grant in support of a conference, except for the reporting requirements of publications resulting from the conference (see item 3 below):

1. A Financial Status Report (SF-269, long form - Rev. 4-88).
2. A final progress report which will include:
 - a. the grant number and the name of the person shown on the application as the conference director or program director;

- b. the title, date, and place of the conference and the name(s) of the organization(s) that conducted the conference;
 - c. names and organizational affiliations of the individuals who participated as speakers or discussants in the formally planned sessions of the meeting and summaries of their respective comments;
 - d. copies of papers/speeches presented at the conference;
 - e. a summary of conference proceedings;
 - f. an evaluation of the conference based on target audience and participant perceptions;
 - g. a list of conference attendees;
 - h. a 2,000 word article (in hard copy and on IBM-compatible disc) reporting on the conference; the article should include an overview of the conference, including any consensus items, the number and a general profile of conference attendees, and a synopsis of key sessions; and
 - i. a publication/dissemination plan for the conference product(s).
3. **Six (6) copies of any publications resulting from the conference must be submitted within 30 days of the date of publication.**

CONTACT FOR GRANTS MANAGEMENT INFORMATION

Questions regarding grants management issues may be directed to:

Ms. Peggy Jones
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Suite 630
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-9666

AUTHORITY AND REGULATIONS

Grants awarded under this PA are authorized under Section 501(d)(5) of the Public Health Service Act, as amended (42 U.S.C. 290aa).

Federal regulations at Title 45 CFR Parts 74 and 92, generic requirements concerning the administration of grants, are applicable to these awards.

Grants must be administered in accordance with the PHS Grants Policy Statement (Revised April 1, 1994).

The Catalog of Federal Domestic Assistance (CFDA) number for this program is 93.218.

PROHIBITION AGAINST LOBBYING

Appropriated funds may not be used, other than for normal and recognized executive-legislative relationships, for lobbying the Congress or State legislatures. Specifically, Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of information designed to support or defeat legislation pending before Congress or State legislatures. This has been construed to include "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. This prohibition applies not only to Federal agencies, but also prohibits grantees and contractors of Federal agencies from using Federal funds to conduct such activities. In addition to "grass roots" lobbying, Federal grantees are prohibited from using Federal funds to conduct any direct lobbying activities. This includes any activities designed to influence legislation or appropriations pending before the Congress or any State legislature.

Conference organizers must assure themselves, to the extent feasible, that conference participants will not use official conference activities or facilities as a platform to conduct prohibited lobbying. Therefore, conference organizers must provide all conference participants with a copy of the "Prohibition Against Lobbying" policy statement provided above.

II. APPLICATION INSTRUCTIONS

BASIC APPLICATION INSTRUCTIONS

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 5/96). Applications must be complete and contain all information needed for review. Appendices may be used only for items specified in this guidance. Appendices must not be used to extend or replace information that applicants are asked to present in any of the required sections of the Program Narrative portion of the application; this is particularly important because the reviewers, in their evaluation of an application, are not required to consider such information presented in Appendices. Therefore, any information an applicant considers to be necessary for a full and objective evaluation of a proposed project needs to be included in the application narrative unless the PA instructs otherwise. Further, if the Review Administrator (RA) determines that any Appendix material is either inappropriate or extends the narrative, these portions will be removed prior to the Appendices being made available to the review committee. The applicant will be notified of the RA's decision by mail.

No supplementary or corrective material will be accepted after the receipt date unless specifically requested by or agreed to in prior discussion with the RA of the Initial Review Group (IRG) assigned to review the application. Because there is no guarantee that such late material will be considered for review, it is important that the application be complete at the time of submission.

IMPORTANT: The original and 2 copies (including Appendices) must be unbound with no staples, paper clips, fasteners, or heavy or lightweight paper stock within the document itself. The application will be reproduced in order to provide sufficient copies for review. Do not include anything that cannot be photocopied using automatic processors. That is, (1) do not attach or include anything stapled, folded, pasted, or in a size other than 8½ x 11 inches on white paper; and (2) do not use heavy or light-weight paper which will clog the photocopy machine and could be destroyed by the machine. Odd sized attachments of any kind will not be copied or sent to reviewers. Do not include excessive or over-sized material, e.g., posters. Do not include videotapes or audiotapes. Do not use photo reduction or condense type closer than 15 characters per inch (cpi) or 6 lines per inch. Type size in the narrative of applications must not, under any circumstance, exceed an average of 15 cpi when measured with a ruler. Sections of the narrative containing only

lower case letters will be considered in determining cpi. In addition, spaces between words will be counted as one character each. Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance. It is suggested that a font no smaller than 12 point be used. Margins should be no smaller than one inch. Further, only one side of a page should have printing.

Because application materials could accidentally get out of order when being reproduced, every sheet of the proposal must have a page number. It is requested that pages be numbered consecutively from BEGINNING TO END (for example, page 1 for the cover page, page 2 for the Abstract, page 3 for the Table of Contents, etc.) The Appendices should be labeled and separated from the narrative and budget section, and the page numbers should be continued in the sequence.

A primary principle of the review process is the maintenance of equity of process for all applicants. One way that this equity of process is achieved is in the objective screening of published application format requirements such as page limitations, margins, and cpi. Therefore, all applications received by SAMHSA will be screened for compliance to format requirements.

Applications will not be accepted for review and will be returned for the following reasons:

1. The applicant organization is ineligible.
2. It is received after the specified receipt date.
3. It is incomplete.
4. It is illegible.
5. It exceeds the specified page limitations for the Program Narrative, biographical sketches and job descriptions.
6. It does not conform to the instructions for format which include that it be typed single-spaced, using standard size black type not smaller than 15 cpi (or 2.5 centimeters), one column per page, with conventional border margins of 1 inch (or 2.5 centimeters), on only one side of standard size 8-1/2 x 11 inch paper that can be photocopied.
7. It is not responsive to the program guidelines.
8. The material presented is insufficient to permit an adequate review.

REVISED APPLICATIONS

If the application is a revision of one previously submitted and reviewed, please follow the instructions below. Applicants may wish to consult with the Center's program staff before revising and resubmitting.

1. Resubmitted applications which are essentially identical to prior ones will not be accepted for review and will be returned to the applicant. Therefore, make sure the revisions are significant and that they are readily identifiable, as explained below. Also, if revising an application that was submitted in response to a previous announcement, be sure that the application is complete and responsive to the specific requirements of the present PA.
2. In an INTRODUCTION which precedes the TABLE OF CONTENTS and which does not exceed 1 page, identify the original application by number and indicate when it was submitted. If there is a different Project Director, please note that as well. For example: "This is a revision of an application (1 H-- SM/SP/TI012345-01) which was submitted in response to announcement number AS-98----- for the -- ---- receipt date. The project director for that submission was -----."
3. Summarize in the Introduction any substantial additions, deletions, and changes that have been made. Include responses to questions, criticisms or weaknesses communicated in the previous Summary Statement. The Introduction will not be counted against the total page limit of the application.
4. Within the text of the proposal, highlight the changes by appropriate bracketing, indenting, or changing of typography. However, do not indicate changes by use of boldface, underlining, or shading. Incorporate in an appropriate section of the Program Narrative any work done since the prior version of the application was submitted.

A revised application will be returned if an Introduction is not included and/or substantial revisions are not clearly apparent.

Acceptance of a revised application automatically withdraws the prior version.

APPLICATION COMPONENTS

A complete application consists of the following documents in the order specified:

1. **FACE PAGE FOR THE PHS 5161-1** - The Face Page [officially titled "Application for Federal Assistance" Standard Form 424 (Rev. 4-88)] is included in the PHS 5161-1 and must be completed in accordance with the instructions provided in Appendix A of this document. Important: The instructions for completing the 424 in Appendix A replace the instructions found on the reverse side of the 424.
2. **ABSTRACT** - An Abstract must be included as the second section of the application. The Abstract must be on a separate page and must not exceed 35 single-spaced typed lines. The abstract should, at a minimum, state the name and type of applicant organization, the title of the conference, its location and dates, its major purpose and audience, and the expected number of participants. The abstract is not counted toward the narrative page total.
3. **TABLE OF CONTENTS** - The Table of Contents should identify the page number for each of the major sections of the Program Narrative portion of the application, as well as each Appendix.
4. **BUDGET PAGE** - The Budget Page (Standard Form 424A), for Non-Construction Programs, is also included in the PHS 5161-1. It has two sides (Sections A-F). Important: The instructions for completing the 424A in Appendix B replace those found immediately following the 424A.
5. **PROGRAM NARRATIVE SECTION** - The Program Narrative of the application is intended to provide a comprehensive framework and description of all aspects of the proposed project. Detailed instructions for completing the Narrative Section follow. Important: These instructions replace the instructions for the Program Narrative found in the PHS 5161-1.
6. **APPENDICES** - The Appendices may include only the items specified in these instructions. The Appendices must not be

used to extend or replace any of the required sections of the Program Narrative portion of the application. Appendices must be clearly labeled and all pages must be numbered continuing in sequence from the last page of the Program Narrative, and the Project Director's name must be typed in the upper right corner of each page.

7. **ASSURANCES NON-CONSTRUCTION PROGRAMS** - This list of Assurances for Non-Construction Programs (Standard Form 424B) must be reviewed, signed on the second page by the individual identified in Item 18a of the Face Page and submitted with the application. Failure to submit the signed 424B with the application will delay any possible award.
8. **CERTIFICATIONS** - The list of Certifications is included in the PHS 5161-1. This list must be reviewed, signed on the last page by the individual identified in Item 18a of the Face Page and submitted with the application. Failure to submit the signed Certifications list with the application will delay any possible award.
9. **DISCLOSURE OF LOBBYING ACTIVITIES** - The guidance and format for disclosing lobbying activities may be found on the last several pages of the PHS 5161-1. Do not fill out these forms unless you are disclosing any lobbying activities that have taken place.
10. **CHECKLIST PAGE** - The Checklist, included in the PHS 5161-1, ensures that the applicant has obtained the proper signatures, assurances and certifications and is the last page of the application. Additional guidance related to the Checklist may be found in Appendix C.

TABLE OF CONTENTS

Immediately following the Abstract page, the applicant is required to provide a Table of Contents that identifies the page where each section of the Program Narrative and each Appendix begins. The following Table of Contents must be used in the order specified:

	Page No.
PROGRAM NARRATIVE	
A. Background and Potential Significance.....	

- B. Project Approach/Plans.....
- C. Staffing, Management & Organization/Resources.....
- D. Evaluation Plan.....
- E. Literature Citations.....
- F. Budget Justification/Existing Resources/
Other Support.....
- G. Biographical Sketches/Job Descriptions.....
- H. Confidentiality/SAMHSA Participant Protection.....

(NOTE: Sections E-H do not count towards the total page limitations that apply to the Program Narrative.)

APPENDICES:

- Appendix 1: Letters of Collaboration.....
- Appendix 2: Knowledge Dissemination Session Plans...
- Appendix 3: Non-Supplantation of Funds.....
- Appendix 4: The Participatory Process.....

As noted earlier, only the Appendices specified in these instructions may be attached. Further, these Appendices must not be used to extend or replace any of the required sections of the Program Narrative.

PROGRAM NARRATIVE

The Program Narrative of the application is intended to provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the Table of Contents, and must contain all the information necessary for reviewers to understand the proposed project.

The following page limitations apply to the Program Narrative.

Sections A-D may not exceed 15 single-spaced pages. Applications exceeding these page limits will **not** be accepted for review and **will be returned to the applicant.**

To ensure that sufficient information is included for the technical merit review of the application, **the Program Narrative should include the following Sections A-D. These sections replace Sections 1-6 in the Program Narrative Section of PHS 5161-1.**

Further, the specific information requested for each section should be included under the cited section heading. You will note that the information requested relates to the individual review criteria in Part I of the PA.

A. Background and Potential Significance

To assure that sufficient information is included for technical merit review, the application should demonstrate familiarity with, and understanding of, previous work done in the subject area of the proposed conference. A brief, but critical, review of the literature and of other related projects or studies, as well as any relevant prior work, observations, or experiences of the applicant should be included. A discussion of how the literature cited relates to the population to be served and to the relevant issues of culturally competent service delivery should also be included. This section should clearly describe the need for the conference and how the proposed conference addresses the goals of the PA. This section should also clearly identify the relationship to one or more of the SAMHSA/Center's program priorities.

B. Project Approach/Plans

This section of the application should describe the goals and

measurable objectives of the proposed conference. It should discuss the approach to be used in conducting the proposed project with attention to the following details:

1. **Planning** - Name collaborating organizations or agencies and discuss the planning process you will use to design a conference that will achieve stated goals and objectives.
2. **Agenda** - Provide a focused conference agenda or a sufficient discussion of conference content to permit an assessment of appropriateness and feasibility. Ensure that the goals and objectives of the conference are aligned with the various conference sessions and explain why the alignment is appropriate.
3. **Speakers/Facilitators** - Name presenters and/or facilitators and provide a brief discussion of their credentials and the basis for their selection. If they are key to the success of the conference, include 1-2 page resume, as well as letters of intent to speak/participate in Section G, Biographical Sketches/Job Descriptions.
4. **Recruitment** - State who the target audience to be recruited is and present recruitment and promotional strategies that will be used to attract this audience. Specify the outreach and marketing that will be employed to ensure cultural diversity. Audiences should be drawn from areas that are either national or regional in scope.
5. **Conference Timing and Location** - Indicate how the proposed conference timing and location will be appropriate for the target audience. Also indicate how the conference scheduling will avoid competing with, or how it will link to, other groups holding conferences on similar issues.

Applicants should acquire a current list of conferences that are available through the Internet at the NCADI web site:

Web www.health.org; or
gopher.health.org; or
telnet.ncadi.health.org; or
ftp.health.org

6. **Knowledge Dissemination** - The most important aspect of the

grant is disseminating the conference knowledge in order to advance the prevention/treatment field. Therefore, the application must describe the plan for development and dissemination of conference products (e.g., publications and reports).

Participatory Process: The participatory planning process used in the preparation of the application should be described. Include all relevant stakeholders. In the case of CMHS, in particular, the Center requires all applicants to involve direct service recipients (or in the case of young children, their parents or guardians) in the planning and implementation of projects proposed for funding. Letters of support from all the relevant organizations/agencies involved in this initiative are required at the time of application. These letters should be submitted as Appendix 4, entitled "The Participatory Process." Absence of such letters should be explained by a statement in the appendix.

C. **Project Staffing, Management and Organization/Resources**

Staffing/management of the project should be clearly specified, including the elements outlined below.

1. Staffing Pattern

List the Conference Director and other key personnel who will be involved in planning and implementing the conference. Biographical sketches or resumes of these persons should be included in G. Biographical Sketches/Job Descriptions. Experience and/or training pertinent to the proposed project should be highlighted, specifically in areas of conference management and substance abuse and/or mental health treatment, service delivery, and prevention.

2. Project Task Plan

The application must provide a task plan with goals, measurable objectives, time lines and staff responsibilities. This plan should be realistic and achievable. The plan for managing the proposed conference must include a description of tasks to be performed, their sequence, duration and relationship to each other. The accomplishment of these tasks should be related to the project goals and objectives.

The conference must produce a product or products that can be used to advance knowledge in the field. Therefore, the project task plan must include assignment of responsibility for a dissemination plan.

3. Organizational Capability

Provide evidence that the organization is capable of implementing the proposed project. Documentation of experience in similar or other relevant activities, access to the target population(s) and expertise in conference management are examples of important items for discussion. Cultural competence, language, and gender issues in proposed staffing, conference organization, and products should also be discussed.

4. Conference Site

Provide a discussion of the proposed conference site/facility and indicate how it is suitable to meet any special needs of the conference or target audience attending the conference.

The applicant must also provide a space in the pre-registration area where conference participants can indicate whether they have a disability. The applicant should discuss how they will provide for such individuals.

D. Evaluation Plan

The application should set forth the variables that will be included in evaluating whether and how well conference goals and objectives were achieved. Discuss why these variables were selected and how they meet/relate to the conference objectives. Evaluation must relate to both conference process (planning and content) and outcomes, including dissemination of conference product(s). Another aspect of outcome evaluation is participant feedback.

The application should state who is responsible for carrying out the evaluation. Applicants should also indicate their willingness to participate in any evaluation efforts that a SAMHSA Center may undertake in the future, such as a cross-site comparison of

conference strategies and results.

E. Literature Citations

(NOTE: This section will not be counted towards the total page limitation for the program narrative portion of the application).

Provide complete citations, including titles and all authors, for literature cited in the application.

F. Budget Justification/Existing Resources/Other Support

(NOTE: This section will not be counted towards the total page limitation for the Program Narrative portion of the application.) Sections B, C, and E of Standard Form 424A of the PHS 5161-1 should be filled out according to the Instructions in Appendix B.

In addition, this section of the Program Narrative portion of the application should provide a line item budget and specific justification for the project's direct costs. (Note that for this grant program there will be no future years; the project duration is 12 months only.) For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

Specify all other resources needed to accomplish the project (e.g., staff, funds, equipment, facilities) and provide evidence that the project will have access to these, either through the grant or, as appropriate, through other resources.

1. Personnel

Itemize and prorate salary for professional and non-professional staff for the amount of time spent on the project.

2. Fringe Benefits

Itemization may include only funds in proportion to the amount of time or effort employees devote to the project and provided that such costs are incurred under formally established and consistently applied policies of the organization.

3. Equipment

Grant funds may be used only for rental of necessary equipment; funds may not be used for the purchase of equipment. Itemize rental costs, projection, public address systems, exhibits, phones, etc.

4. Supplies

Grant funds may be used for the purchase of supplies necessary for the conference, provided the supplies are received and used during the project period. Itemize stationery, mailing costs, etc.

5. Travel

Funds may be used for the travel of staff, speakers, participants, and attendees if identified in the application and approved at the time of award.

Proposed per diem or subsistence allowances must be reasonable and will be limited to the days of attendance at the conference plus the actual travel time required to reach the conference location by the most direct route available. Where meals and/or lodgings are furnished without charge or at a nominal cost (e.g., as part of the registration fee), the proposed per diem or subsistence allowance will take this into consideration. Transportation costs for attendees and participants at the conference may not exceed economy class air fares.

In all cases, U.S. flag carriers will be used where possible. Grant funds may not be used to pay per diem or expenses other than local mileage for local participants in the conference. Itemize per diem or actual charges for staff and participants; specify number of days and number of people.

Meals are allowable as part of a formal compensation arrangement, as part of a per diem or subsistence allowance, provided in conjunction with allowable travel, or when deemed to be an integral component of a conference. Meal costs in support of a luncheon, reception, break, etc., are not allowable. Guest meals are not allowable.

6. Registration Fees

Registration fees may be paid from grant funds, provided such fees cover only those costs otherwise properly chargeable to the grant. No registration fees will be charged to SAMHSA and/or Center staff.

7. Publication Costs

Grant funds may be used to cover the costs of publishing the conference product (proceedings, manual, monograph, report). When grant funds are awarded to pay for either the entire or the partial costs of publication, such costs are considered to cover special plates, charts, diagrams, printing, distributing, mailing, postage, and general handling, unless otherwise specified at the time the grant is awarded.

8. Consultant Services

Cost for consultant fees are allowed, including travel and supporting costs (per diem, or where applicable, subsistence).

9. Honoraria

Honoraria or other payments given for the purpose of conferring distinction on, or to symbolize respect, esteem, or administration may not be paid from grant funds. However, speakers' fees for services rendered are allowed.

10. Conference Services

Grant funds may be used for necessary recordings of proceedings, editorial services, simultaneous translation, etc., and subsequent transcriptions.

11. All Other Expenses

Itemize costs for printing programs, notices, badges, signs, etc., rental of conference space.

Other Support

"Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title)
2. Dates of entire project period
3. Annual direct costs supported/requested
4. Brief description of the project
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps

G. Biographical Sketches/Job Descriptions

(NOTE: This section will not be counted towards the total page limitation for the program narrative portion of the application.)

A biographical sketch should be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length.

The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

H. **Confidentiality/SAMHSA Participant Protection**

(NOTE: There is no page limitation for this section of the application and this section does not count towards the total page limitation for the program narrative section of the application).

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Conferences and panels, for example, may invite certain participants on the basis of their being consumers of mental health and/or substance abuse treatment services and fail to ensure that the participants' treatment history is confidential. Disclosure of such information is permitted only with the participant's consent.

Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, or an explanation should be provided as to why there are no risks.

NOTE: So that the adequacy of plans to address the protection of participants' confidentiality and other ethical concerns can be evaluated, the information requested here, which may appear in other sections of the narrative, should be included in this section of the application as well.

APPENDIX A

INSTRUCTIONS FOR COMPLETING NEW
APPLICATION FOR FEDERAL ASSISTANCE
STANDARD FORM 424 (Rev. 4/88)

Standard Form (SF) 424, "Application for Federal Assistance," is also known as the "Face Page" of the PHS Grant Application Form 5161-1 (Rev. 5/96). The following instructions replace those found on the reverse side of the SF 424.

- Block 1. Type of Submission:** Under "Application" check "Non-Construction". Under "Preapplication" leave both boxes blank.
- Block 2. DATE SUBMITTED:** Insert the date the application is sent to the State or the Federal agency. Leave **Applicant Identifier** blank.
- Block 3. (State Use Only.) DATE RECEIVED BY STATE:** Leave this block blank.
- **State Application Identifier:** Insert the applicant's control number (if applicable).
- Block 4. (Federal Use Only.) DATE RECEIVED BY FEDERAL AGENCY:** Leave this block blank.
- **Federal Identifier:** Leave this block blank.
- Block 5. APPLICANT INFORMATION:**
- **Legal Name:** Insert the legal name of the applicant organization.
- **Organizational Unit:** Insert the name of the primary organizational unit which will undertake the proposed activity.
- **Address:** Insert the complete mailing address of the applicant organization.
- **Name and telephone number of the person to be contacted on matters involving this application (give area code):** Insert the name, area code and

telephone and FAX numbers and an E-mail/Internet address (if available) for the Project Director/Principal Investigator. Project Director/Principal Investigator is defined as an employee of the applicant organization who will direct the grant. **NOTE: This individual must be the same person identified in the right-hand block of Part C of the Checklist in the PHS Grant Application Form 5161-1). This is the individual responsible for directing the proposed program or project. (This is usually not the authorized representative as defined in Block 18.)**

- Block 6. EMPLOYER IDENTIFICATION NUMBER (EIN):** Insert the 9-digit EIN as assigned by the Internal Revenue Service.
- Block 7. TYPE OF APPLICANT:** Insert the appropriate letter in the box provided. (Non-profit applicant organizations should be identified as such under N. Other.)
- Block 8. TYPE OF APPLICATION:** Check "New" unless this is a revision of a previously disapproved or approved but not funded application for this same program.
- Block 9. NAME OF FEDERAL AGENCY:** Insert "SAMHSA-CMHS, CSAP or CSAT".
- Block 10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER:**
Insert the "CFDA number 93.218".
- **Title:** Insert the PA number and CMHS, CSAP or CSAT Conference Grants
- Block 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Insert a brief descriptive title of the proposed project. Do not exceed 56 typewritten spaces, including spaces between words and all punctuation. A new application must have a different title from any other PHS project with the same Project Director/Principal Investigator.
- Block 12. AREAS AFFECTED BY PROJECT:** Insert the name of the largest political jurisdictions affected (e.g., the site(s) where the conference would be conducted).
- Block 13. PROPOSED PROJECT:** Leave the Start and Ending Date blocks

blank. These dates will be determined if the project is funded.

Block 14. CONGRESSIONAL DISTRICTS OF:

- **a. Applicant:** Insert the applicant organization's Congressional District.

- **b. Project:** Insert any Congressional District(s) directly affected by the project.

Block 15. ESTIMATED FUNDING:

- a. **Federal:** Insert the total amount of direct costs being requested from SAMHSA under this PA for the 12-month period of support. (This figure should be the same amount as that indicated on Form 424A, Section B, column (1) line 6.i.)

- b.-e. **Applicant, State, Local, Other:** Insert the amount to be contributed and/or the value of in-kind contributions for the 12-month period of support by each contributor (i.e., Applicant, State, Local, Other), as appropriate. [These figures should be the same amounts as those indicated on Form 424A, Section C, line 12, columns (b), (c), and (d)].

- f. **Program Income:** Insert the amount of Program Income anticipated to be earned by the grantee for the 12-month period of support, if any. (This figure should be the same amount as that indicated on Form 424A, Section B, line 7, column (1)).

Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant or income that would not have occurred except for the existence of the grant supported project. Examples of program income are: fees for services supported with grant funds such as laboratory drug testing, rental or usage fees for use of equipment purchased with grant funds, third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity (including Medicaid/Medicare), sale of commodities such as educational materials (including curricula) developed under the grant or equipment purchased with grant funds. Not included would be revenues raised by a government recipient under its governing powers, interest on grant funds, rebates, credits, discounts, or refunds, results of fund raising (given that no grant

funds were used to accomplish the fund raising activity) and income earned by procurement contractors under a procurement contract awarded by the grantee.

-- g. **TOTAL:** Insert the total of lines 15a through 15f.

Block 16. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? Applicants should refer to the PA to determine if the program is covered by the Federal Executive Order (E.O.) 12372. If the program is covered, applicants should refer to the listing of those States that currently participate in the E.O. 12372 process. This listing is provided in the application kit. If your State does participate, you should communicate with the State Single Point of Contact (SPOC) to ascertain whether this program has/has not been selected for review by the State. Based on answers to the above, the appropriate sections of Block 16 should be completed.

Note: If this program is covered by E.O. 12372, applications must be made available for State review, and the applicant should advise the State to submit comments within 60 days of the application receipt date to the individual identified in the PA, under the E.O. 12372 Section.

Block 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

Block 18.

-- a., b. and c.: Insert the name, title, area code and telephone number of the authorized representative of the applicant organization in the spaces provided.

Note: The authorized representative is the individual with the legal authority to obligate the applicant organization financially and otherwise.

- **d. and e.:** The authorized representative is required to sign and date the application in the spaces provided.

APPENDIX B

INSTRUCTIONS FOR COMPLETING BUDGET INFORMATION -- Non-Construction Programs Standard Form 424A (Rev. 4/88)

Standard Form (SF) 424A, "Budget Information -- Non-Construction Programs," is a double-sided form composed of Sections A through F. Because the 424A is a generic form that was designed to be used by agencies across the Federal Government, the instructions have been adapted for use by SAMHSA. **The following instructions replace those found immediately following the SF 424A.**

SECTION A - BUDGET SUMMARY - Leave this section blank.

SECTION B - BUDGET CATEGORIES

1. In **Section B**, column (1), lines 6a through 6h, insert the dollars requested from SAMHSA for all Object Class Categories. In columns (2), (3) and (4), lines 6a through 6h, insert the non-Federal dollars which may consist of applicant, State and other sources, respectively, for all Object Class Categories, for the 12-month budget period. Because there is no separate Object Class Category for "consultant costs," include any "consultant costs" in the "Other" Object Class Category (line 6h).

NOTE: A detailed line-item budget computation and justification should be provided on a separate page(s) for all object class categories. A sample detailed line-item budget computation and justification is attached as **EXAMPLE A.**

In column (1), line **6i Total Direct Charges (sum of 6a-6h)**, insert the sum of lines 6a-6h. Do the same for columns (2), (3), and (4).

In column (1), line **6j Indirect Charges**, insert 0. Indirect costs are not allowed under this program.

In column (1), line **6k, TOTALS (sum of 6i and 6j)**, insert the total of lines 6i and 6j for columns (1), (2), (3), and (4), if applicable.

2. In **Section B**, column (1), line **7 Program Income**, if applicable, insert any program income anticipated to be generated during the proposed 12-month budget period. See Appendix A, item 15f, for the definition of program income.
3. In column (5), insert both the horizontal and vertical total.

SECTION C - NON-FEDERAL RESOURCES

1. In **Section C**, line 12, columns (b) **Applicant**, (c) **State**, and (d) **Other Sources**, insert those funds noted in column (2), (3) and (4) of the SF 424A that will be contributed to the project by these entities for the first 12-month budget period. (Leave lines 8-11 blank.)
2. In **Section C**, line 12, column (e) **TOTALS**, insert the total of line 12, columns (b)-(d), if any.

SECTION D - FORECASTED CASH NEEDS - Leave this section blank.

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT - Leave this section blank. It is not applicable to projects funded under this PA.

SECTION F - OTHER BUDGET INFORMATION - Leave this section blank.

Meals and refreshments are not an allowable charge as a Federal cost to the Knowledge Dissemination Conference Grant Program. It must be covered by other sources or in-kind donations, but not using conference grant registration fees.

Note: SAMHSA awards under this PA will be limited to a maximum of 75% of the total direct costs, or \$50,000, whichever is less. Given the budget outlined in Example A, the applicant has correctly requested

Federal Funds in the amount of \$49,880 which meets the above criteria, \$50,000, whichever is less, of the total estimated cost of the conference (i.e., Federal Funds plus funds from Other Sources = \$103,677).

BUDGET JUSTIFICATION

Note: The budget should be shown in at least two columns: Federal Funds requested and anticipated in-kind or program income from Other Sources.

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate, including dollars and rates.

EQUIPMENT - List the rental equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel. Include the title(s) or name of the individual(s) travelers and travel costs, including local travel, for all planned trips.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how such components relate to the overall project.

OTHER - Generally self explanatory. **If consultants are included in this category, explain the need and how the consultant's rate has been determined.**

		EXAMPLE A				
	ILLUSTRATION OF DETAILED WORKSHEET FOR COMPLETING	PROPOSED OPERATING BUDGET				
	SF 424A: SECTION b FOR 001 BUDGET PERIOD					
I. PERSONNEL			Annual			Total
Name	Job Title	# of hours	Salary	SAMHSA	Other	Budget
Sue Johnson	Conf Director	375	96,000	6,250	12,500	18,750
TBA	Admin Assist	768	15,000	3,000	3,000	6,000
Mike Jones	Editor	480	30,000	2,500	5,000	7,500
		TOTAL PERSONNEL		11,750	20,500	32,250
II. FRINGE BENEFITS (15%)				1,763	3,075	4,838
	TOTAL FRINGE BENEFITS			1,763	3,075	4,838
III. CONSULTANT SERVICES						
	Eileen Best (\$250 a day for 4 days per wk/10 week period)			8,000	2,000	10,000
		TOTAL CONSULTANT		8,000	2,000	10,000

IV. SUPPLIES						
Office Supplies (\$30 per mo x 6 mos)				120	60	180
Conference Supplies (see budget narrative)				5,000	5,000	10,000
TOTAL SUPPLIES				5,120	5,060	10,180
V. TRAVEL						
Travel for 5 speakers, 2 staff and 3 technical assistant						
personnel, air travel at 350 x 10 = 3,500, hotel at 800 x						
10 = \$8,000, per diem at \$35 x 10 = \$350 x 5 days = \$1,750				9,313	3,937	13,250
TOTAL TRAVEL				9,313	3,937	13,250
VI. EQUIPMENT (List Individually)						
Sound Equipment - \$2,750				0	2,750	2,750
Video Screen ----- \$1,850				1,000	850	1,850
Setup & Breakdown ----- \$1,000				1,000	0	1,000
Van & U-Haul				0	3,500	3,500
TOTAL EQUIPMENT				2,000	7,100	9,100
VII. CONTRACTUAL						

Evaluation			1,750	1,750	3,500
Audio Visual Technicians (2)			1,875	1,875	3,750
Space Rental			0	8,500	8,500
Speaker Fees (5)			8,309	0	8,309
		TOTAL CONTRACTUAL	11,934	12,125	24,059
		Total Direct costs	49,880	53,797	103,677
	Total Indirect Costs (not allowable)		0	0	0
	TOTAL OPERATING COSTS		49,880	53,797	103,677

APPENDIX C

CHECKLIST

A checklist is provided in the PHS Grant Application Form 5161-1. The instructions provided in the Checklist are self-explanatory except for the following:

Part A:

4. Assurance of Compliance (Civil Rights, Handicapped Individuals, Sex Discrimination, Age Discrimination)

Before a grant or cooperative agreement award can be made, a domestic applicant organization must certify that it has filed with the DHHS Office for Civil Rights: an Assurance of Compliance (Form HHS 690) with Title VI of the Civil Rights Act of 1964 (P.L. 88-352, as amended), which prohibits discrimination on the basis of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, as amended), which prohibits discrimination on the basis of handicaps; Title IX of the Education Amendments of 1972 (P.L. 92-318, as amended) which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975 (P.L. 94-135), which prohibits discrimination on the basis of age. The Assurance of Compliance Form HHS 690 is included in the application kit. (Note: Assurance of Compliance Form HHS 690 is now used in lieu of individual assurances: Form HHS 441 - Civil Rights; Form HHS 641 - Handicapped Individuals; Form HHS 639-A - Sex Discrimination; and Form HHS 680 - Age Discrimination.)

On the blank lines provided under Part A: 4., please indicate the date on which each of the assurances was filed by the applicant organization.

5. Human Subjects Certification, when applicable (45 CFR 46)

Based on the information provided in this PA, Part I. Programmatic Guidance, the SAMHSA Center Directors have determined that projects funded under the PA must meet SAMHSA Participant Protection (SPP) requirements, therefore, applicants must check the NOT applicable box.

PART B:

1. The Public Health System Impact Statement is not applicable to this SAMHSA program. (See Part I, Programmatic Guidance.)

PART C:

1. The administrative official to be notified if an award is to be made may be the same as the authorized representative identified in Item 18 on the face page (SF 424) or may be the designated administrative/business official of the applicant organization.

The official Notice of Grant Award will be mailed to the administrative official named in Part C.

2. If the applicant organization has already been assigned a modified EIN number because of receipt of another grant from the Department of Health and Human Services (DHHS), include the complete 12-digit number (1-digit prefix, 9-digit EIN, 2-digit suffix). Leave blank if the applicant organization has never been assigned a modified number from the DHHS.
3. The individual designated to direct the project must be the same as the individual identified in Item 5 on the face page of the application.

APPENDIX D

GUIDELINES FOR ASSESSING CULTURAL COMPETENCE*

- o **Experience or track record of involvement with the target population** - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.
- o **Training and staffing** - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.
- o **Language** - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.
- o **Materials** - It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.
- o **Evaluation** - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.
- o **Community representation** - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to

affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

o **Implementation** - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

* These guidelines were taken from a Center for Substance Abuse Prevention publication, The Fact Is..., February 1993.