

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Cooperative Agreements for Linking Actions for Unmet
Needs in Children's Health**

**Short Title: Project LAUNCH
(Initial Announcement)**

Request for Applications (RFA) No. SM-08-011

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

Key Dates:

Application Deadline	Applications are due by June 12, 2008.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2008 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age. Project LAUNCH defines wellness as a state of positive physical, emotional, social and behavioral health. For this program behavioral health includes mental health and positive development free from substance abuse and other negative behaviors. The goal is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Funding Opportunity Title:	Project LAUNCH
Funding Opportunity Number:	SM-08-011
Due Date for Applications:	June 12, 2008
Anticipated Total Available Funding:	\$5.5 million
Estimated Number of Awards:	6
Estimated Award Amount:	Up to \$916,000 per year
Length of Project Period:	Up to 5 years
Eligible Applicants:	Eligible applicants are State governments and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2008 for Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Project LAUNCH). The purpose of Project LAUNCH is to promote the wellness of young children, birth to 8 years of age. Project LAUNCH defines wellness as a state of positive physical, emotional, social and behavioral health. For this program behavioral health includes mental health and positive development free from substance abuse and other negative behaviors. The goal is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

States, Territories and Tribes are asked to build on their existing health, behavioral health and social service systems to develop and implement plans for young child wellness. Applicants also are required to implement evidence-based programs and activities to improve child wellness in at least one locality. Together, States, Territories, Tribes and localities will work to increase the number of families participating in evidence-based practices which support child wellness.

Project LAUNCH is grounded in the public health approach, working towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social and behavioral aspects of wellness. The public health approach addresses the health needs of the population rather than only addressing the health problems of individuals. Project LAUNCH seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes. Project LAUNCH promotes protective factors that support resilience and healthy development which can protect individuals from later social, emotional, physical and behavioral problems.

Project LAUNCH cooperative agreements are authorized under Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32). This announcement addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

2. EXPECTATIONS

2.1 Population of Focus

The Project LAUNCH grant program requires that the population of focus be children from birth to 8 years of age and their families.

Project LAUNCH supports positive development for our youngest citizens and their families. Children with a solid foundation in early childhood are more likely to succeed socially, participate and thrive in school and avoid substance use and other negative behaviors. This positive change will lead not only to positive individual outcomes but also will affect community

norms and lead to a general understanding that supportive social environments promote healthy child development and stronger families. It is anticipated that children, families and other stakeholders participating in Project LAUNCH activities will contribute to healthy environments at work and in school, supportive communities and neighborhoods, improved connections with families and friends and reduced levels of drug abuse and crime.

For young children, effective interventions are often family-focused, working across generations, such as Early Head Start and home visitation programs. However, fragmented systems and funding streams make it difficult for families to access needed supports for their children's health. This is particularly true for families with young children who face numerous challenges, such as substance abuse, poverty and lack of access to medical resources. As a result, Project LAUNCH will provide needed services to adult caregivers to enhance their effectiveness in addition to interventions targeted directly at children.

2.2 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In your application, you will need to:

- Identify the evidence-based practice you propose to implement.
- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your target population(s). [See note below.]

Note: SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population. Evidence may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the target population or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the people reviewing your application.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.

- Explain how the practice you have chosen meets SAMHSA’s goals for this grant program.
- Describe any modifications/adaptations you will need to make to this practice to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your target population or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the target population or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA’s *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA’s *Guide to Evidence-Based Practices* also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific target population and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts. Resources such as the RAND Corporation’s Promising Practices Network (http://www.promisingpractices.net/about_ppn.asp) and the Center on the Social and Emotional Foundations for Learning (<http://www.vanderbilt.edu/csefel/>) may also be useful in identifying evidence-based practices and obtaining research about them.

2.3 Services Delivery

SAMHSA's Project LAUNCH cooperative agreements support an array of activities to assist the grantee in building a solid foundation for delivering and sustaining effective systems of care for children and their families.

Project LAUNCH grant projects must be built around a five step comprehensive strategic planning approach. The five-step process includes:

- 1) environmental scanning and needs assessment (profile State, Territorial, tribal and community needs);
 - 2) resource mobilization (mobilize/build capacity to address identified needs);
 - 3) planning (develop a comprehensive strategic plan that includes evidence-based interventions intended to create changes in the risk and protective factors related to the identified State, Territorial or Tribe and community problems/needs);
 - 4) implementation (implement the plan with multiple interventions); and
 - 5) evaluation (monitor, sustain, improve or replace prevention strategies).
- Applicants must explain how they intend to assure that participants from ethnically, racially and culturally diverse populations are involved with and served by the project in a culturally and linguistically competent manner.
 - Applicants must identify in their application a local jurisdiction that will receive the majority of funds through the Project LAUNCH initiative. The selected locality will be required to implement a local extension of the State, Territorial or Tribe plan to create comprehensive and financially sustainable programs, services and supports for young children and their families.
 - Applicants must provide a rationale for the selection of the identified locality that includes surveillance data linked with local risk and protective factors related to young children's wellness (including physical, emotional, social and behavioral health).
 - Applicants must also identify the local agencies that will be responsible for implementing and managing activities supported by the grant in addition to describing the roles that these agencies will play to achieve the goals of the grant.
 - Applicants are expected to implement a range of evidence-based programs whenever possible at the local level to support young child wellness including, but not limited to:
 - Mental health consultation;
 - Developmental assessments across a range of settings, including primary care;
 - Integration of behavioral health programs into primary care;
 - Family strengthening and parenting skills training; and
 - Home visitation.
 - Project LAUNCH grant projects must build upon existing child-serving systems, including, for States/Territories that have them, the Early Childhood Comprehensive Systems (ECCS) grants funded by HRSA's Maternal and Child Health Bureau. Applicants must expand upon the ECCS initiative by: a) adding additional social, emotional and behavioral health requirements and a public health approach encompassing

family-centered principles to the State/Territorial ECCS plans; b) enhancing and modifying existing programs, supports and services, incorporating evidence-based practices where possible; and c) supporting training and technical assistance to develop a local workforce with competence in young child social, emotional and behavioral health.

Service delivery should begin by the 6th month of the project at the latest.

2.4 Guiding Principles

Project LAUNCH grants must be driven by the following principles:

- It is inherently better and more cost effective to promote health and to prevent illness than to address problems after they manifest.
- A comprehensive early childhood system includes physical and behavioral health. Mental health, education, substance abuse, social service and family-informed programs, practices and policies should be integrated within the broader framework of overall health and development.
- Program development, implementation and evaluation should be driven by local collaborative efforts using the comprehensive strategic planning approach and should include families as equal and essential partners within a collaborative body.
- All families should have the opportunity to participate in an integrated system of culturally competent programs, supports and services to foster child wellness.
- The significant body of research on the prevention of negative outcomes and promotion of social and emotional learning and positive child development for young children needs to be translated into policy and programs, including the use of evidence-based practices.
- Family-centered principles are based on enhancing developing children through interventions focused on the family, child–family relationships with active family engagement.

Program success is contingent upon providing culturally competent services and supports and providing outreach to underserved and minority populations. Outreach efforts should recognize that many children (especially children 0-5) are not in continuous contact with service systems in the same way as school-aged children.

2.5 Program Requirements

The Project LAUNCH program provides funds for infrastructure development and service provision for children and their families. Applicants must clearly articulate their plan to address infrastructure, required services and supports, key activities and concepts of service provision, including a plan for sustainability.

Applicants will be required to meet requirements at the both the State, Territorial or tribal and local levels. The following sections explain the requirements that exist at each of these levels. (Note: Some tribal governments also serve as local governments. If there are tribal governments that meet this description, they should combine the activities described in the following section in such a way that they address the functions laid out in the following two sections without creating duplicative efforts. For example, a tribal grantee without distinct

tribal and local governments may decide not to create a separate council for the tribal and local levels, combining the functions of these two bodies.)

2.5.1 State, Territorial and Tribal Level

You must create a Young Child Wellness Expert position. If the grant is in a State or Territory with an existing ECCS grant, the Young Child Wellness Expert should work with the ECCS coordinator and the ECCS coordinating council to coordinate activities supported by Project LAUNCH and the ECCS program. The person hired for this position should have expertise in public health and early childhood mental health and development. This position will provide overall coordination across service systems, work towards State, Territorial or tribal policy and infrastructure improvements and provide technical assistance at the local level. If the State, Territory or Tribe is unable to find a person with the requisite background, they may consider two persons to share the position as long as they submit documentation that it was not possible to find one person with the requisite skills. Professional development for this position should also be provided in the overall plan. This person will be expected to communicate regularly with the Local Child Wellness Coordinator.

You must conduct an environmental scan as part of step one in the first 6 months of your grant to map out the systems and programs (including Federal and private grants) that serve children from 0-8 years of age and their families at the State, Territorial, and tribal level. This should also include a financial map of the Federal, State, Territorial, Tribe and private funding streams that support programs to address the physical, emotional, social and behavioral health of children 0-8. The results of this environmental scan will be shared with Federal staff and partners at the State, Territorial and tribal level and the local Council on Young Child Wellness.

You must develop a comprehensive State, Territorial or tribal Project LAUNCH plan or expand on an existing plan to support wellness for young children. (When a State or Territory has an existing ECCS plan the grantee must build upon the ECCS plan to address the goals of Project LAUNCH.) Your Project LAUNCH plan should address the programmatic elements, as well as the financing approaches and alternatives to be incorporated in implementation and eventually used to promote sustainability. The creation of this plan should be coordinated with the local Project LAUNCH planning effort. Within six months of initial funding your Project LAUNCH plan must be submitted to Federal Staff for approval. Further funding will be contingent on approval of the Project LAUNCH plan.

Your Project LAUNCH plan must describe how you will:

- Provide coordination between State, Territorial, or tribal physical and behavioral health programs, supports and services using a family-centered/public health approach, placing particular focus on enhancing existing efforts.
- Provide training/technical assistance and monitoring to support the local jurisdiction in implementing the programs, supports and services that comprise the local Project LAUNCH initiative.
- Review and update State, Territorial or tribal policies related to young children's wellness.

- Develop a cross-agency fiscal strategy to promote sustainability of the State, Territorial or Tribe, and local infrastructure developed through the grant, reduce program redundancy and support the incorporation of evidence-based programs and practices.
- Map indicators and measures of positive young children’s wellness across service systems, including health, mental health, child welfare, substance abuse prevention, early childhood education and primary education.

You must create an integrated State, Territorial or tribal service system planning and oversight Council on Young Child Wellness, to include Health (including representatives from the private sector), Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), Title V administering agencies (if applicable), and a representative from the office of the governor or chief executive of the State, Territory or Tribe, and representation from families in the target population; or integrate these functions into an existing body of senior level officials whose primary function is oversight of young child wellness. If you are a State or Territory with an existing ECCS grant these functions should be integrated into the ECCS coordinating council. Tribal applicants should also include the Indian Health Service. Applicants are also encouraged to involve Child Care systems. Applicants must include documentation of the involvement of Health (including representatives from the private sector), Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), Title V administering agencies and the office of the governor or chief executive of the State, Territory or Tribe in the form of memoranda of agreement (MOA) in **Appendix 1** of your application. These memoranda of agreement describe the specific roles and responsibilities of each of the partners in your State, Territorial, or tribal collaboration and their roles on the service system planning and oversight council.

You must provide a logic model in Section C of your application, linking risk and protective factors to selected interventions and intended outcomes. This logic model should be updated as the grant is implemented and an updated logic model should be submitted with your performance reports.

You must coordinate activities supported by Project LAUNCH with programs supported by the Title V Maternal and Child Health Block Grant.

If your State, Territory or Tribe is also a recipient of the ACF Home Visitation grant and/or HRSA Early Childhood Comprehensive Systems grant, you must provide assurance that you will create a linkage between the activities of these grants, including use of common measures and indicators where possible.

If your State has a Children’s Cabinet or Council, you should inform this entity of your Project LAUNCH grant and coordinate activities where common priorities exist.

You must identify a locality in your application to implement the local portion of the Project LAUNCH initiative. The local area should be a county or municipality. Alternatively, you may provide a waiver with a justification if you would like to serve a locality that does not fall into the strict definition of a county or municipal government (as may be the case in some tribal or

rural areas). You must also include a MOA with the chosen locality in **Appendix 1**. This MOA should explain the roles of the entities (local agencies) involved in implementing the grant, with a description of the mechanism(s) that the locality will use to distribute grant funds across the systems involved in implementation.

Each grant year, in collaboration with your chosen locality, the State, Territorial or tribal oversight council must develop a summary of implementation lessons learned incorporating quantitative and qualitative data to be shared with Federal staff and other grantees.

You must outline the State, Territorial or tribal and local roles that will enable State, Territorial, or tribal local coordination and support of the goals of the project.

You must devote the necessary resources to conduct grantee level evaluation of Project LAUNCH supported efforts at the State, Territorial, tribal and local level, to include assessment of: 1) the effectiveness of grant funded interventions; 2) the costs of implementing the program across the various populations served; 3) the quality and fidelity of implementation of evidence-based programs and practices (process evaluation); and 4) the strength of local and State partnerships. In addition, you must agree to meet the requirements of a national cross site evaluation including collection of common outcome measures and cost data.

You must plan for outreach to underserved and minority populations. Outreach efforts should recognize that many children (especially children 0-5) are not in contact with current service systems.

2.5.2 Local Level

You must identify a Local Child Wellness Coordinator to coordinate the project at the local level. This person should have experience coordinating projects across local service systems and expertise in the field of child development. This person will be expected to communicate regularly with the State, Territorial or tribal level Young Child Wellness Expert.

You must conduct an environmental scan in the first 6 months of your grant to map out the public and private systems and programs (including Federal and private grants) that serve children from 0-8 years of age and their families at the local level. This should also include a financial map of the Federal, State, Territorial, Tribe and local and private funding streams that support programs to address the physical, emotional, social and behavioral health of children 0-8.

You must use the comprehensive strategic planning approach to frame a planning process to develop and prepare to implement a comprehensive family-centered local health promotion plan for children from birth to 8 years of age that links with your State, Territorial or tribal plan to support young child wellness. Within six months of initial funding, this plan must be submitted to Federal Staff for approval. If available, further Federal funding will be contingent on the approval of this plan. Your plan must illustrate how the locality will:

- Begin to implement programs no later than six months after receiving funding. You are encouraged to implement programs as early as possible in a way that is congruent with your

comprehensive planning efforts. Implementation includes the hiring and training of staff, the implementation of programs (including evidence-based practices), coordinating activities across systems including cross training and referral, increasing the use of developmental and behavioral assessments, as well as other activities that are a part of your comprehensive family-centered local health promotion plan. Information about implementing evidence-based practices with fidelity can be accessed through the National Implementation Research Network (<http://nirn.fmhi.usf.edu/default.cfm>).

- After its creation, continually update and use the local comprehensive family centered health promotion plan and related sustainable financing mechanisms to coordinate grant activities with other local programs. Changes to this plan should be reported to Federal staff.
- Create an integrated local service system planning and oversight Council on Young Child Wellness, to include representatives from Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start and Part C) or integrate these functions into an existing body whose primary function is young child wellness. You must include documentation of the involvement of these entities with your project in the form of memoranda of agreement in **Appendix 1**. These memoranda of agreement should describe the specific roles and responsibilities of each of the partners in the local collaboration and their roles on the local service system planning and oversight council. The local council should also include representation from parents and families served by the grant and child care providers, but these groups do not need to provide MOA.
- Develop and implement a workforce development strategy to enhance the expertise of primary care providers, mental and behavioral health providers, child welfare providers, child care providers, early childhood educators and primary grade educators related to young child wellness.
- Include a logic model in Section C of your Project Narrative that describes local efforts, linking risk and protective factors to selected interventions and intended outcomes. This logic model should be updated as the grant is implemented and an updated logic model should be submitted with your performance reports.
- Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of implementing the program across the various populations served; 2) the quality of implementation of evidence-based programs and practices (process evaluation); 3) the strength of local and State, Territorial, or tribal partnerships; and 4) the effectiveness of grant funded interventions. In addition, you must agree to meet the requirements of a national cross site evaluation including collection of common outcome measures and cost data. This is likely to include the collection of specific participant-level developmental assessments across many service systems, as well as other provider level data related to collaboration, cost, infrastructure and other aspects of the program.

2.6 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance on infrastructure development. These measures are currently under development, but will most

likely be derived from the following domains: policy development; workforce development (training); financing; organizational restructuring; accountability; types/targets of practices, and cost efficiency. Performance information may be gathered from administrative data and/or from data the grantee will be required to collect. It is expected that grantees will also be required to report on prevention efforts using individual level data. Data collected will be entered into the CMHS Transformation Accountability (TRAC) web-based system using data collection forms that CMHS will provide. An example of an existing data collection instrument is the Child Consumer Outcome measures for Discretionary Programs instrument (<https://www.samhsa-gpra.samhsa.gov/trac/view/docs/TRAC%20Child%20NOMS%20Caregiver%20Respondent%20Survey.pdf>). This tool or an adaptation of it may be used. Initial training and ongoing technical assistance on the use of the TRAC system will be provided. Additional National Outcome Measures for this program include Access and Use of Evidenced- Based practices.

Cross-site Evaluation. All grantees will also be required to participate in a national cross-site evaluation (CSE) which will be designed to capture national as well as site-based data on program indicators and outcomes. All sites will participate in training on the cross-site instrument protocol, data collection and data management procedures, and other evaluation-related activities at the time the CSE is initiated, and at annual intervals for the duration of the grant period. Some examples of data that might be included in the CSE include:

- Measures of infrastructure development, collaboration, and coordination
- Surveys of change in knowledge, attitudes and behavior among parents, educators, physicians and early childhood caregivers as a result of training, education and/or consultation efforts
- Measures of child development, including individual assessments of program participants
- Measures of school readiness
- Measures of academic success in the early primary grades
- Other information related to Project LAUNCH activities
- Measures of community awareness of young children's wellness

Grantees will be required to hire evaluation personnel responsible for oversight and management of data collection and evaluation activities.

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

2.7 Performance Assessment

In addition to collecting and reporting the data described in section I-2.6, grantees must conduct a grantee level assessment of their projects incorporating the performance measures described in Section I-2.6. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. This information will be important to the successful management of the project and to planning for sustainability. Grantees will be required to conduct an evaluation of their grantee-level efforts, to include assessment of; 1) the effectiveness

of grant funded interventions; 2) the costs of implementing the program across the various populations served; 3) the quality of implementation of evidence-based programs and practices (process evaluation); and 4) the strength of State, Territorial, tribal and local partnerships.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan and were evidence-based interventions implemented with fidelity?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention, outcomes, and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

At least 10% but no more than 15% of grant funds may be used for data collection, performance measurement and performance assessment, e.g., activities required in Sections I-2.6 and 2.7 above.

2.8 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director) to at least two joint grantees meeting in each year of the grant, and you must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 2 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Cooperative Agreement
Anticipated Total Available Funding:	\$5.5 million
Estimated Number of Awards:	6

Estimated Award Amount: Up to \$916,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed \$916,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. **Applicants should be aware that funding for this program is not included in the FY 2009 President’s budget request, and funding beyond FY 2008 is not guaranteed. SAMHSA is allowing applicants to submit proposals for four additional budget years for planning purposes and for technical assistance in sustainability activities.**

Cooperative Agreement

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

Role of Grantee:

Grantees must comply with the terms of the Cooperative Agreement, including implementation activities described in the approved grant proposal and fulfillment of requirements described in the “Funding Opportunity Description” of the RFA. Grant recipients must agree to provide SAMHSA with all required performance data and collaborate with SAMHSA/CMHS staff in all aspects of the Cooperative Agreement, including submission of all required forms, data and reports. Grant recipients must also collaborate with the evaluation contractor to support the cross-site evaluation, with the technical assistance provider and other Federally funded resources.

Role of SAMHSA Staff:

The Government Project Officer (GPO) will participate as needed on policy, steering, advisory and other task forces for the grant. The GPO will also facilitate linkages to other SAMHSA/Federal government resources and will help grantees access appropriate technical assistance. In addition, the GPO will assure that Project LAUNCH grantee initiatives are responsive to SAMHSA’s mission and help accomplish SAMHSA goals. The GPO will monitor the development and collection of process and outcome measures; ensure compliance with the Government Performance and Results Act; and promote collaboration between the Center for Mental Health Services and the Center for Substance Abuse Prevention and other Federal Partners. In order to support collaboration and integration of programs at the Federal level and to model collaborative efforts for State, Territorial, tribal and local systems Federal staff will participate in and provide support for a Federal Partners Young Children’s Collaborative with, at a minimum, the Health Resources and Services Administration (HRSA) the Administration for Children and Families (ACF), and the Center for Disease Control and Prevention (CDC). This

collaboration will work to facilitate program integration and linkages at the Federal level and act as a policy setting body for the Project LAUNCH initiative.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

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

Eligibility is limited to the State or Territorial office in charge of administering the Title V (Maternal and Child Health) program. Only these offices have the capacity to assist Project LAUNCH in producing State and Territorial structures that will coordinate local efforts to integrate behavioral health into young child serving programs. Tribal applicants should choose the appropriate agency to administer this program, providing justification based on the ability of that agency to coordinate between services systems.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

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

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client services (e.g., substance abuse prevention, mental health services) appropriate to the grant must be involved in the proposed project.

The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;

- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

In **Appendix 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment or prevention service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424 v2) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of

the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, the application will not be considered for an award.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- ❑ **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not

use more than a total of 30 pages for Appendices 1, 3 and 4 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.

- *Appendix 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support, MOAs.
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
 - *Appendix 5:* A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.
- ❑ **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
 - ❑ **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
 - ❑ **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
 - ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting

requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **June 12, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through www.Grants.gov. Please refer to Appendix B for “Guidance for Electronic Submission of Applications.”

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **SM-08-011**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)¹ to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, “Letter to the SSA.”** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SM-08-011**. Change the zip code to **20850** if you are using another delivery service.

In addition:

¹ Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

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

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at www.samhsa.gov/grants/management.aspx:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and Federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

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

- The amount of funding spent at the State, Territorial or tribal level is limited to 20% of the total grant award.
- The amount of funding for grantee level program evaluation at both the local level and State, Territorial or tribal level must be at least 10% but no more than 15% of the total grant award.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G.

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

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

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Project LAUNCH SM-08-011**” in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not**

be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”
- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (15 points)

- Describe the local geographic area to be served. Justify the selection of the local geographic area and population of focus. Include the numbers to be served and demographic information. Discuss the target population’s language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs for this population.

[Note: Documentation of need may come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA’s National Household Survey on Drug Abuse and Health or from National Center for Health Statistics/Centers for Disease Control reports) and should include information about risk and protective factors related to young child wellness. For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.]

- Describe current systems and infrastructure at the State, Territorial, Tribe and local levels designed to promote or maintain the wellness of children ages 0-8. Discuss how culturally-based assets are integrated into the current wellness system.
- Describe the service gaps and redundancies (Project LAUNCH defines “services” broadly to refer to any program, support or service implemented to foster young child wellness, specifically in the areas of promotion and prevention [as opposed to treatment]), barriers and other problems related to the need for infrastructure development at the State, Territorial or tribal level and infrastructure and program development at the local level specifically around promotion and prevention for young child wellness. Also address the current level of coordination and collaboration across systems serving young children 0–8 and their families and the extent to which behavioral

health is integrated into primary care. Describe the stakeholders and resources at the State, Territorial or tribal level and at the local level that can help implement the needed infrastructure and programming.

- Describe current needs in the identified locality (related to physical, emotional, social, and behavioral health) based on problems or challenges faced by children and youth in that locality. Identify risk and protective factors that have been linked to those problems and needs.

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

- Identify the evidenced-based program(s) and practice(s) that you propose to implement at the local level. Describe how the chosen practices will address risk and protective factors related to the needs identified in your Statement of Need section (Section A). Describe the evidence base for the proposed program/practice, and its appropriateness for addressing the wellness of children 0-8 as defined in this announcement. (See Section I-2.2, “Using Evidence-Based Practice”)
- Justify the identification of the proposed program(s)/practice(s) for the target population at the local level. Describe and justify any adaptations necessary to meet the needs of the target population as well as evidence that such adaptations will be effective for the population.
- Identify and justify any additional adaptations or modifications to the proposed program/practice.
- Describe how the proposed program(s)/practice(s) will consider issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender in the target population while retaining fidelity to the chosen practice.
- Demonstrate how the proposed program/practice will meet your goals and objectives.

Section C: Proposed Implementation Approach (30 points)

(Note: Some tribal governments also serve as local governments. If there are tribal governments that meet this description, they should combine the activities described in the following section in such a way that they address the functions laid out in the following two sections without creating duplicative efforts. For example, a tribal grantee without distinct tribal and local governments may decide not to create a separate council for the tribal and local levels, combining the functions of these two bodies.)

- Clearly state the purpose, goals and objectives of your proposed project at the State, Territorial or tribal level and at the local level. Describe how achievement of the goals will produce meaningful and relevant results (e.g., collaboration across child-serving agencies, availability and access to wellness and prevention programming, coordination of programs/services, integration of behavioral health into primary care, outreach to

families, etc.) and build system capacity and coordination at the State, Territorial, Tribe and local level around young child wellness. Describe the proposed project plan. Provide evidence that the proposed activities strengthen the infrastructure needs at the State, Territorial and tribal level and the infrastructure and programmatic needs at the local level and show how your proposed strategy will meet the project's goals and objectives. Also include the steps that will be taken to ensure that the project will engage in the comprehensive strategic planning approach to address young child wellness at the State, Territorial, Tribe and local levels.

- Provide one logic model for the State, Territorial, Tribe and one for the local level that demonstrate the linkage between the identified needs, the proposed approach and outcomes.
- Describe membership, roles and functions, and frequency of meetings of the proposed State, Territorial, or tribal leadership council that will oversee the State, Territorial, or tribal level of Project LAUNCH. Describe membership, roles and functions and frequency of meetings of the local council in charge of coordinating the local activities of the grant. Discuss how the State, Territorial or tribal level Young Child Wellness Expert and Local Child Wellness Coordinator will coordinate their activities with the activities of their respective councils.

To demonstrate the commitment of the required members of the proposed State, Territorial or tribal leadership council include in **Appendix 1** MOA with Health (including representatives from the private sector), Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and State Education (Early Head Start, Head Start and Part C), Title V administering agencies and the office of the governor or chief executive of the State, Territory or Tribe. If one or more of these required partners do not exist at the State, Territorial or tribal level, then the applicant should provide a waiver in place of the MOA for that partner which confirms the absence of that partner at the State, Territorial or tribal level as well as a description of plans to address the issues which would have been addressed by that partner.

To demonstrate the commitment of the required members of the proposed local service system planning and oversight Council on Young Child Wellness grantees should include documentation of the involvement of Health (including representatives from the private sector), Mental Health, Child Welfare, Substance Abuse Prevention, Early Childhood Education and Local Education Agencies (Head Start, Early Head Start, and Part C) in the form of a MOA in **Appendix 1**. If one or more of these required partners do not exist at the local level, then the applicant should provide a waiver in place of the MOA for that partner which confirms the absence of that partner at the local level as well as a description of plans to address the issues which would have been addressed by that partner.

You must also include a MOA with the chosen locality in **Appendix 1**. This MOA should explain the roles of the entities involved in implementing the grant, with a

description of the mechanism(s) that the locality will use to distribute grant funds across the systems involved in implementation.

- Describe your commitment to working with family organizations and family representatives. Include signed letters of intent from these State, Territorial, Tribe or local organizations in **Appendix 1** of your application.
- Describe how the proposed programs, supports and services will be implemented at the local level. These programs, supports and services should include, at a minimum, mental health consultation, developmental assessments across a range of settings including primary care, integration of behavioral health programs into primary care, family strengthening and parenting skills training and home visitation. Also discuss how existing programs, supports and services will be improved, enhanced and better coordinated and how program redundancies and gaps will be addressed.
- Describe how activities at the local level will improve young child wellness in a way that integrates physical and behavioral health programs, supports and services.
- Provide a realistic timeline for the project at the State, Territorial, Tribe and local levels (chart or graph) showing key activities, milestones and responsible staff. [Note: The timeline should be part of the Project Narrative. It should not be placed in an appendix.]
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) at the local level with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the target population will be identified, recruited and retained.
- Describe how members of the target population and representatives from the partnering agencies helped prepare the application and how they will help plan, implement and evaluate the project.
- Describe how the project components will build upon the existing systems serving families with children 0–8 and enhance the strength and breadth of their promotion/prevention efforts. This should include discussion of the work being done as part of other SAMHSA funded projects, the State ECCS plan, and Title V Maternal and Child Health Block Grant activities, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. (Note: State and Territorial applicants with existing ECCS grants are required to build on the work completed by the ECCS grant.)
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the State, Territorial, or tribal coordination activities and local coordination and planning can begin as soon as possible, and no later than 2 months after grant award. Applicants must also show that the necessary

groundwork has been completed so that local implementation of programs can begin within 6 months after award.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to ensure project sustainability at the State, Territorial, Tribe and local level when funding for this project ends. Describe your plan for incorporating information from the environmental scan (especially information concerning service system gaps and program costs) at the State, Territorial, or tribal level, and local levels into your plans for sustainability. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (15 points)

- Discuss the capability and experience at the State, Territorial, or Tribe for collaboration and work on issues related to young child wellness. Also discuss the status of the State or Territorial ECCS effort (tribal grantees do not need to address the ECCS program), if applicable. Show that participating organizations at the local level have linkages to the target population and ties to grassroots/locally-based organizations that are rooted in the culture of the target population and are capable of providing culturally competent programs, supports and services.
- Provide a list of staff who will participate in the State, Territorial, Tribe and local councils and overall project, showing the role of each and their level of effort and qualifications. Include the, State, Territorial, or tribal level Young Child Wellness Expert, the Local Child Wellness Coordinator and other key personnel, such as the evaluator, and promotion/prevention personnel. Show that the State, Territorial, or tribal level Young Child Wellness Expert has expertise in the public health model and early childhood mental health and development, and that the Local Child Wellness Coordinator has experience coordinating projects across local service systems and expertise in the field of child development. Also describe the relationship and plan for communication between the Young Child Wellness Expert and the Local Child Wellness Coordinator.
- Discuss how key staff have demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the target population is multi-linguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.
- Describe the resources available for the proposed project at the local level (e.g., facilities, equipment), and provide evidence that programs will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the target population.

Section E: Performance Assessment and Data (15 points)

- Describe how the evaluation will be used to assess the quality of implementation and ensure fidelity to evidence-based programs and practices.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Provide a per-person or unit cost of the project to be implemented at the local level, based on the applicant's actual costs and projected costs over the life of the project.
- Describe your plan for conducting the performance assessment as specified in Sections I-2.6 and 2.7 of this RFA and document your ability to conduct the assessment. Describe plans for data collection, management, analysis, interpretation and reporting including a description of your plans for environmental scans at the State, Territorial, Tribe and local levels.
- Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in **Appendix 2**.
- Document your ability to collect and report on the required performance measures as specified in Section I-2.6 of this RFA.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions.

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

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below. More detailed guidance for completing this section can be found in Appendix F of this RFA.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the eight bullets below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these eight bullets, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is

appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix F: Confidentiality and Participant Protection.)

- ❑ Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- ❑ Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.
- ❑ Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, “Sample Consent Forms.” If needed, give English translations.
- ❑ Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria of research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-

6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over \$100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Mental Health Services’ National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Grant Award, signed by SAMHSA’s Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
 - Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
 - In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.6, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit semi-annual and final progress reports, as well as annual and final financial status reports.
- As part of these reports grantees may also be asked to collect data related to developmental assessments, referrals between agencies serving young children, level of community awareness of issues related to young child wellness, training supported by Project LAUNCH, number of families and children served through grant programs, programs costs, quality of implementation of evidence-based practices, strengths of State, Territorial, tribal and local partnerships as well as other items identified in performance reporting materials.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Project LAUNCH grant program are described in Section I-2.6 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

David de Voursney
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, Maryland 20857
(240) 276-1882
david.devoursney@samhsa.hhs.gov

For questions on grants management issues contact:

Gwendolyn Simpson
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1085
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov

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

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

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
 - § Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - § Abstract
 - § Table of Contents
 - § Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - § Project Narrative and Supporting Documentation
 - § Appendices
 - § Assurances (Standard Form 424B, which is in PHS 5161-1)
 - § Certifications
 - § Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - § Checklist (a form in PHS 5161-1)

- Applications should comply with the following requirements:
 - § Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - § Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - § Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **“Back-up for electronic submission.”** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C - Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]

_____, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

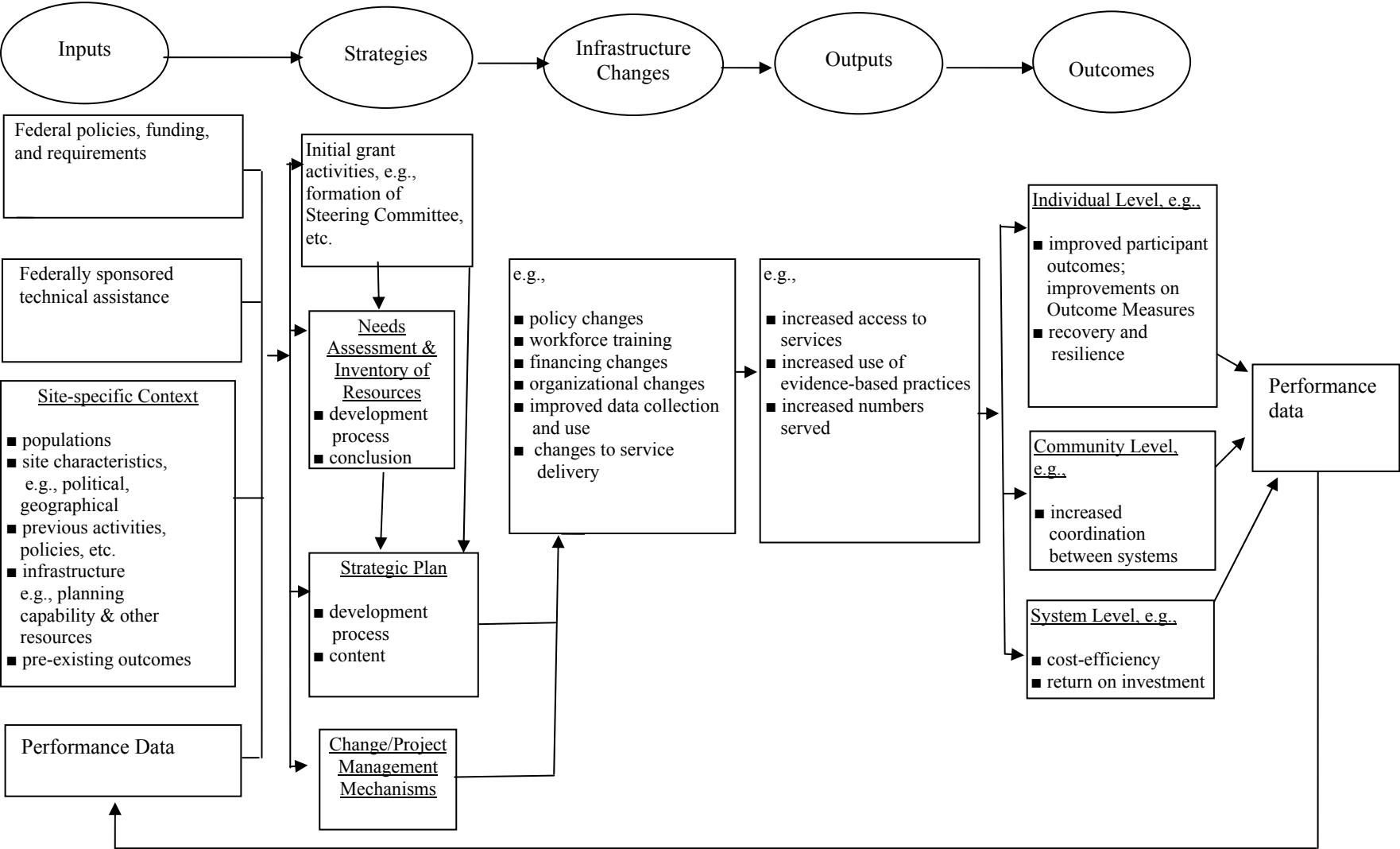
The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs**, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

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

Sample Logic Model*

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

Sample Infrastructure Logic Model*



Appendix E – Logic Model Resources

- Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, 18(4), 449-458.
- Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13(2), 43-62.
- Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. <http://cfs.fmhi.usf.edu> or phone (813) 974-4651
- Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.
- Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.
- Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, 18(4), 333-341.
- Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.
- Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation*. San Francisco, CA: Jossey-Bass Inc.

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by

consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix G – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix H – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	\$30,000	1.0	\$30,000	\$-0-	
Clinical Director	J. Doe			\$-0-	In-Kind	
Secretary	Unnamed	\$18,000	0.5	\$-0-	\$ 9,000	
Counselor	R. Down	\$25,000	1.0	\$25,000	\$-0-	
SUBTOTAL				\$55,000	\$9,000	
Enter Personnel subtotal on 424A, Section B, 6.a.						\$64,000
<u>Fringe Benefits</u> (24%)				\$15,360	\$-0-	
SUBTOTAL				\$15,360	\$-0-	
Enter Fringe Benefits subtotal on 424A, Section B, 6.b.						\$15,360
<u>Travel</u>						
2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ \$600 x 4 = \$2,400) + (per diem @ \$120 x 4 x 6 days = \$2,880)						
				\$5,280	\$-0-	
Local Travel (500 miles x .24 per mile)				\$-0-	\$120	
[Note: Current Federal Government per diem rates are available at www.gsa.gov .]						
SUBTOTAL				\$5,280	\$120	
Enter Travel subtotal on 424A, Section B, 6.c.						\$ 5,400
<u>Equipment</u> (List Individually)						
"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.						
SUBTOTAL				\$-0-	\$-0-	
Enter Equipment subtotal on 424A, Section B, 6.d.						\$-0-

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Supplies

Office Supplies	\$500	\$-0-
Computer Software – Microsoft Word	\$-0-	500

Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000

CONTRACTUAL COSTS

Evaluation

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Evaluator	J. Wilson	\$48,000	.05	\$24,000	\$-0-	
Other Staff		\$18,000	1.0	\$18,000	\$-0-	

Fringe Benefits (25%) \$10,500 \$-0-

Travel

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200	\$-0-
Per Diem @ \$120 x 6	720	\$-0-
Supplies (General Office)	500	\$-0-

Evaluation Contractual Direct Costs \$54,920 \$-0-
 Evaluation Contractual Indirect Costs (19%) \$10,435 \$-0-

Evaluation Contract Subtotal **\$65,355**

SUBTOTAL \$65,355 \$-0- \$65,355

Training

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Coordinator	M. Smith	\$ 12,000	0.5	\$12,000	\$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	\$-0-	

Fringe Benefits (25%) 5,250 \$-0-

Travel

2 Trips for Training		
Airfare @ \$600 x 2	\$1,200	\$-0-
Per Diem \$120 x 2 x 2 days	480	\$-0-
Local (500 miles x .24/mile)	120	\$-0-

Supplies

Office Supplies	\$500	\$-0-
Software (Microsoft Word)	\$500	\$-0-

Training Contractual Direct Costs Subtotal \$40,025 \$-0- **\$40,025**
 Training Contractual Indirect Costs Subtotal \$-0- \$-0- **\$-0-**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

SUBTOTAL	\$105,380	\$-0-	\$105,380
Enter Contractual subtotal on 424A, Section B, 6.f.			\$105,380
	SAMHSA Funded	Non-Federal Sources	TOTAL
<u>OTHER</u>			
Rent (500 Sq. Ft. x \$9.95)	\$ 4,975	\$-0-	
Telephone	\$ 500	\$-0-	
Maintenance (e.g., van)	\$-0-	\$ 2,500	
Audit	\$-0-	\$ 3,000	
Consultants = Expert @ \$250/day X 6 day (If expert is known, should list by name)	\$ 1,500	\$-0-	
SUBTOTAL	\$6,957	\$5,500	
Enter Other subtotal on 424A, Section B, 6.h.			\$12,475
<u>TOTAL DIRECT CHARGES (sum of 6.a-6.h)</u>			
Enter Total Direct on 424A, Section B, 6.i.			\$192,640
<u>INDIRECT CHARGES</u>			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [\$64,000 X 15% = \$9,600]			
Enter Indirect Costs subtotal of 424A, Section B, 6.j.			\$9,600
Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)			\$202,240

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List 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 other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these 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. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to: a) waive indirect costs if an award is issued; or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified. (NOTE: salary cap of \$191,300 is effective for all FY 2008 awards.)

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies**	1,000	520	520

**Increased amount in 01 year represents costs for software.

Contractual			
Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

***Increased amounts in 02 and 03 years reflect the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix I – Position Descriptions

Young Child Wellness Expert

This position will serve as Project Director for the cooperative agreement and is responsible for providing coordination of State-level young child wellness efforts through work with the Council on Young Child Wellness and serving as a liaison to other State officials and agencies positioned to support young child wellness. With the Council, the Young Child Wellness expert will support the development and implementation of a comprehensive strategic plan addressing young child wellness. These efforts will include working to establish interagency involvement in the initiative's structure and process by developing and/or changing interagency agreements and other public policies relevant to goals of the project. The position will also serve as the bridge between the State, Territory or Tribe and the funded community by working in close coordination and providing technical assistance to the Local Child Wellness Coordinator. The Young Child Wellness Expert must have expertise in the public health approach and early childhood development. They will serve as the official responsible for the fiscal and administrative oversight of the cooperative agreement and will be responsible and accountable to the funded community for the proper conduct of the cooperative agreement. If applicants are not able to find a person with the requisite background, applicants may consider two persons to share the position as long as justifying documentation is provided.

Local Child Wellness Coordinator

Working in close coordination with the Young Child Wellness Expert, the Local Child Wellness coordinator will be responsible for overseeing the development and implementation of a local-level component of the comprehensive strategic plan for developing, implementing and sustaining infrastructure and programs addressing young child wellness; establishing the organizational structure; hiring staff; and providing leadership in all local facets of young child wellness efforts, including guiding the establishment of interagency collaborations with other community-based, child- and family-serving public agencies. This key position should be staffed by one individual with knowledge of early childhood development across physical, mental, social, emotional and behavioral domains and related service systems, with demonstrated experience in mobilizing service systems, management, policy analysis and strategic thinking; leadership experience; and, demonstrated ability to foster collaborative relationships. This position should be staffed by an individual who represents the cultural and linguistic background of the population to be served. This is a full-time equivalent position.