

Department of Health and Human Services

Indian Health Service

Division of Behavioral Health, Office of Clinical and Preventive Services

**Methamphetamine and Suicide Prevention Initiative**

Announcement Type:

**Federal Program Award Opportunity**

**Version 2**

**Key Dates**

Application Deadline Date: **August 24, 2015**

Review Dates: **August 25 – August 31, 2015**

Earliest Anticipated Start Date: **September 30, 2015**

## **I. Funding Opportunity Description**

### **Statutory Authority**

The Indian Health Service (IHS), an agency which is part of the Department of Health and Human Services (HHS), is accepting applications for a five-year funding cycle to continue the planning, development, and implementation of the **Methamphetamine and Suicide Prevention Initiative** (Short Title: **MSPI**). This program was first established by the Consolidated Appropriations Act of 2008, Pub. L. No. 110-161, 121 Stat. 1844, 2135, and has been continued in the annual appropriations acts since that time. This program is authorized under the authority of 25 U.S.C. § 13, the Snyder Act, and the Indian Health Care Improvement Act, 25 U.S.C. § 1601-1683. The amounts made available for the MSPI shall be allocated at the discretion of the Director of IHS and shall remain available until expended. IHS utilizes a national funding formula developed in consultation with Tribes and the National Tribal Advisory Committee (NTAC) on behavioral health, as well as conferring with urban Indian health programs (UIHPs). The funding formula provides the allocation methodology for each IHS Service Area.

### **Background**

From September 2009 – August 2015, IHS funded 130 IHS, Tribal, and UIHPs that participated in a nationally coordinated six-year demonstration pilot project, focusing on providing methamphetamine and suicide prevention and intervention resources for Indian Country. The MSPI promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine use and suicide prevention from a community-driven context. For a

complete listing of demonstration pilot projects, please visit

[www.ihs.gov/mspi/pilotprojects](http://www.ihs.gov/mspi/pilotprojects).

## **Purpose**

The primary purpose of this program is to accomplish the MSPI goals listed below:

1. Increase Tribal, UIHP, and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans.
2. Develop and foster data sharing systems among Tribal, UIHP, and Federal behavioral health service providers to demonstrate efficacy and impact.
3. Identify and address suicide ideations, attempts, and contagions among American Indian and Alaska Native (AI/AN) populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.
4. Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, treatment, and aftercare strategies.
5. Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.
6. Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal

behavior and substance abuse.

Funded projects are not expected to address all of the MSPI goals, only those relevant to the Purpose Area for which they are applying.

To accomplish the MSPI goals, IHS invites applicants to address one of the Purpose Areas below:

- Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
- Purpose Area 2: Suicide Prevention, Intervention, and Postvention
- Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
- Purpose Area 4: Generation Indigenous Initiative Support

In certain circumstances, applicants may choose to apply for more than one Purpose Area. If this is the case, applicants must submit a separate application for each Purpose Area. IHS encourages applicants to develop and submit applications that emphasize cross-system collaboration among the Purpose Areas, the inclusion of family, youth and community resources, and the application of cultural approaches.

### **Evidence-Based Practices, Practice-Based Evidence, Promising Practices, and Local Efforts**

IHS strongly emphasizes the use of data and evidence in policymaking and program

development and implementation. Applicants under Purpose Area 2, Purpose Area 3, and Purpose Area 4 must identify one or more evidence-based practice, practice-based evidence, best or promising practice, and/or local effort that they plan to implement in the Project Narrative section of their application. The MSPI website (<http://www.ihs.gov/mspi/bestpractices/>) is one resource that applicants may use to find information to build on the foundation of prior methamphetamine and suicide prevention and treatment efforts, in order to support the IHS, Tribes, and UIHPs in developing and implementing Tribal and/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies.

### **Purpose Areas**

#### Purpose Area 1: Community and Organizational Needs Assessment and Strategic

Planning: Lessons learned from the demonstration pilot project phase of the MSPI revealed the need for AI/AN communities to have access to resources, funding, and technical assistance to assess the needs of their community for suicide and/or methamphetamine use to develop strategic approaches and leverage community and organizational resources before implementing specific programs. Strategic planning is especially critical to maximize available resources and eliminate duplicative efforts. Strategic planning should address gaps in policies and resources, as well as program barriers. Planning should focus on utilizing data from the community and organizational needs assessment to ensure coordinated community responses as well as system linkages for suicide prevention and methamphetamine use services. Based on the community and organizational needs assessment and analysis, projects will develop a strategic plan to

address suicide and/or methamphetamine use (or other addicting substances). IHS is seeking applicants to address MSPI goals #1 and #2 by addressing the following two items:

- Assess and develop strategic approaches of leveraging community and organizational resources to address suicide and methamphetamine use; and
- Develop data sharing systems for continuous assessment and strategic planning.

Purpose Area 2: Suicide Prevention, Intervention, and Postvention: The focus of Purpose Area 2 is on the prevention, intervention, and postvention of suicide, suicide contagion, and suicide attempts or ideations among AI/AN populations.

IHS is seeking applicants to address MSPI goals #3 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of suicide screening and evidence-based suicide care;
- Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicide ideations;
- Improve health system organizational practices to provide evidence-based suicide care;
- Establish local health system policies for suicide prevention, intervention, and

postvention;

- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare: The focus of Purpose Area 3 is on the prevention, treatment, and aftercare for methamphetamine use (and other addicting substances) among AI/AN populations. In addition to prevention programming, MSPI funds can be used to provide behavioral health treatment services (i.e., direct services including in-patient and out-patient treatment, intervention, and aftercare).

IHS is seeking applicants to address MSPI goals #4 and #5 by focusing on the following broad objectives:

- Expand available behavioral health care treatment services;
- Foster coalitions and networks to improve care coordination;
- Educate and train providers in the care of methamphetamine and other substance use disorders;
- Promote community education to prevent the use and spread of methamphetamine;
- Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;

- Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
- Integrate culturally appropriate treatment services; and
- Implement trauma informed care services and programs.

Purpose Area 4: Generation Indigenous Initiative Support: The focus of Purpose Area 4 is to promote early intervention strategies and implement positive youth development programming to reduce risk factors for suicidal behavior and substance abuse. IHS is seeking applicants to address MSPI goal #6 by working with Native youth ages 8 to 24 years old on the following broad objectives:

- Implement evidence-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native youth;
- Promote family engagement; and
- Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways.

## **II. Award Information**

**Type of Award:** Federal program award.

**Estimated Funds Available**



The total amount of funding identified for the current fiscal year (FY) 2015 is approximately \$12,500,000. IHS expects to allocate funding for the 12 IHS service areas as described below. Applicants will be awarded according to their location within their respective IHS service area and will not compete with applicants from other IHS service areas. UIHP applicants will be selected from a category set aside for UIHP applicants only. UIHP awards will be \$100,000 each. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the Agency. IHS is under no obligation to make awards that are selected for funding under this announcement.

#### **Anticipated Number of Awards**

The number of anticipated awards is dependent on the number of applications received in response to the announcement and available funds. The funding breakdown by area is as follows:

##### Alaska IHS Service Area

IHS expects to provide \$1,684,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

##### Albuquerque IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Bemidji IHS Service Area

IHS expects to provide \$706,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Billings IHS Service Area

IHS expects to provide \$703,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

California IHS Service Area

IHS expects to provide \$815,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Great Plains IHS Service Area

IHS expects to provide \$1,201,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Nashville IHS Service Area

IHS expects to provide \$333,000 in total awards ranging from \$50,000 to \$150,000 for a 12-month project period.

Navajo IHS Service Area

IHS expects to provide \$1,988,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Oklahoma City IHS Service Area

IHS expects to provide \$1,908,000 in total awards ranging from \$50,000 to \$300,000 for a 12-month project period.

Phoenix IHS Service Area

IHS expects to provide \$1,335,000 in total awards ranging from \$50,000 to \$200,000 for a 12-month project period.

Portland IHS Service Area

IHS expects to provide \$917,000 in total awards ranging from \$50,000 to \$100,000 for a 12-month project period.

Tucson IHS Service Area

IHS expects to provide \$206,000 in total awards ranging from \$50,000 to \$112,500 for a 12-month project period.

Urban Indian Health Programs

IHS expects to provide \$1,000,000 in total awards for a 12-month project period.

**Project Period**

The project period is for five years and will run consecutively from **September 30, 2015, to September 29, 2020.**

## **Continuation Applications**

The current funding announcement is a request for the submission of proposals for a five-year project proposal; however due to the limited amount of funding available for competing and continuation awards issued under this announcement, the funds are subject to the availability of appropriations and budgetary priorities of the Agency (also reference "Estimated Funds Available" in this section, "Award Information"). Therefore, awardees will be required to submit a **Continuation Application** at the end of each project year (dates to be determined) after the initial funding award for Project Year 1, which will assist in determining continued funding from Project Year to Project Year for the five-year project funding cycle. Awardees will be required to submit an entire application package including all components listed under “**Content and Form Application Submission**” (Section IV) to the IHS Division of Behavioral Health (DBH) to assist in determination of continued funding.

The continuation applications will assist IHS in ensuring that all awardees are meeting their goals and objectives, carrying out project activities, and submitting required documentation in a timely manner and according to the terms and conditions of their Notice of Award (NoA) and the behavioral health program requirements.

### **III. Eligibility Information**

#### **1. Eligibility**

To be eligible for this federal program award to address behavioral health

disparities within AI/AN communities, the applicant must be an IHS federal facility/organization. See Tribal organization, as defined by 25 U.S.C. 1603(26).

## **2. Other Requirements**

- a. If application budgets exceed the highest dollar amount outlined under the **“Estimated Funds Available”** section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by e-mail by DBH staff of this decision.

- b. **Awardee Meetings**

Awardees are required to send the Project Director and/or Project Coordinator (the individual who runs the day-to-day project operations) to an annual MSPI meeting. Participation will be in-person or virtual meetings. The awardee is required to include travel for this purpose in the budget and narrative of the project proposal. At these meetings, awardees will present updates and results of their projects including note of significant or ongoing concerns related to project implementation or management. Federal staff will provide updates and technical assistance to awardees in attendance.

## **IV. Application and Submission Information**

## **1. Obtaining Application Materials**

The application package and detailed instructions for this announcement can be found at the DBH MSPI website: <http://www.ihs.gov/mspi/fundingannouncement>.

Questions regarding the application process may be directed to Ms. Audrey Solimon at [Audrey.Solimon@ihs.gov](mailto:Audrey.Solimon@ihs.gov) or (505) 248-4330.

## **2. Content and Form Application Submission**

Mandatory documents for all applicants include:

- Cover letter.
- Table of contents.
- Abstract (must be single-spaced and should not exceed one page).
- Statement of Need (must be single-spaced and not exceed two pages).
  - Includes the federal facility/organization background information.
- Project Narrative (must be single-spaced and not exceed 20 pages).
  - Includes the proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page timeframe chart, and a plan for local data collection.
- Budget and Budget Narrative (must be single-spaced and not exceed four pages).
- Letter(s) of Support from organization's Chief Executive Officer (or relevant equivalent), Local Organizational Partners and Tribal or Urban Indian Organizational and Community Partners.

- Biographical sketches for all key personnel.
- Position descriptions for all key personnel.
- Contractor/consultant qualifications and scope of work.
- Organizational Chart (optional).

### **Public Policy Requirements**

All Federal-wide public policies apply to these program awards.

### **Requirements for Project Proposals**

The project narrative should be a separate Word document that is no longer than 20 pages and must: be single-spaced, type written, consecutively numbered pages, using black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8-1/2" x 11" paper.

Succinctly address and answer all questions listed under required application components and place all responses and required information in the correct section (noted below), or they shall not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant's activities and accomplishments prior to this federal program award. If the narrative exceeds the page limit, only the first twenty (20) pages will be reviewed. The 20-page limit for the narrative does not include the cover letter, table of contents, abstract, statement of need, budget and budget narrative, and/or

other appendix items.

Applications must include the following REQUIRED application components:

- **Cover Letter** – Includes the title of the program and all contact information for the federal facility/organization.
- **Table of Contents.**
- **Abstract** – Provides a summary of all the key information for the project. Must not exceed one single-spaced page.
- **Statement of Need** – Provides the facts and evidence that support the need for the project and establishes that the federal facility/organization understands the problems and can reasonably address them. Provides background information on the federal facility/organization. May not exceed two single-spaced pages.
- **Project Narrative** – The project narrative (description) describes the project. May not exceed 20 single-spaced pages.

Required components in the project narrative are as follows:

- A. Goals and Objectives.
  - B. Project Activities.
  - C. Timeline Chart.
  - D. Organization Capacity and Staffing/Administration.
  - E. Plan for Local Data Collection.
- **Budget and Budget Narrative** – Applicants are to submit a budget and



budget narrative for **Project Year 1 only**. The budget and budget narrative must include a line item budget with a narrative justification for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for the **first project year only**. The budget and budget narrative may not exceed four single-spaced pages for both documents combined.

The MSPI Proposal Template and associated templates for the Timeline Chart, Biographical Sketch, Budget and Budget Narrative, can be located and downloaded at the MSPI website:

<http://www.ihs.gov/mspi/fundingannouncement>.

All applicants must comply with any page limitation requirements described in this funding announcement.

### **3. Submission Dates and Times**

Applications must be submitted electronically via email to DBH at [DBH@ihs.gov](mailto:DBH@ihs.gov) by 11:59 p.m. Eastern Daylight Time (EDT) on the application deadline date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. DBH will notify the applicant via e-mail if the application is rejected.

#### **4. Funding Restrictions**

Only one program award will be awarded per federal applicant.

#### **V. Application Review Information**

The instructions for preparing the application statement of need, project narrative, budget and budget narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 20 page narrative should include activities for the proposed one-year project. The statement of need, project narrative, budget and budget narrative sections should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 65 points is required for funding. Points are assigned as follows:

##### **1. Criteria**

Applications will be reviewed and scored according to the quality of responses to the required application components in Sections A-E.

- In developing the Statement of Need, Project Narrative, Budget and Budget Narrative sections of the application, use the instructions provided for each section, which have been tailored to this program.

- The Statement of Need should not exceed two single-spaced pages.
- The Project Narrative (required components, Sections A-E, in “Requirements for Project Proposals”) together should not exceed 20 single-spaced pages.
- The Budget and Budget Narrative the applicant provides will be considered by reviewers in assessing the applicant’s response, along with the material in the Project Narrative. The budget and budget narrative must not exceed four single-spaced pages.
- The applicant must use the five sections (Sections A-E) listed below in developing the: 1) Statement of Need (Section A); 2) Project Narrative (Sections B, C and D); and 3) Budget and Budget Narrative (Section E). The applicant must place the required information in the correct section, **or it will not be considered.** The application will be scored according to how well the applicant addresses the requirements for each section of the Statement of Need, Project Narrative, Budget and Budget Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall section score.

**Section A: Statement of Need (35 points)**

1. For all Purpose Areas: Identify the proposed catchment area and

provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, Federally recognized Tribe, language, age, socioeconomic status, sexual identity (sexual orientation, gender identity), and other relevant factors, such as literacy. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.

2. For Purpose Area #1 only: Document the need and lack of data currently available. Document the need for an enhanced infrastructure and strategic planning processes to inform the work in the community.
3. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the prevalence of suicide ideations, attempts and completions, methamphetamine use rates, and alcohol and substance abuse rates. For Purpose Area #4, the data should be geared toward AI/AN children and youth.
4. For Purpose Areas #2, #3, and #4: Based on the information and/or data currently available, document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective substance abuse prevention and/or behavioral health services in the proposed catchment area that is consistent with the purpose of the program and the funding opportunity announcement. Based on available data, describe the service gaps and other problems related to the need for infrastructure development. Identify the source of the data.

Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data (Tribal Epidemiology Centers, IHS area offices), state data (e.g., from state needs assessments, Substance Abuse and Mental Health Administration's (SAMHSA) National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for the applicant's program.

5. For all Purpose Areas: Describe the existing behavioral health service gaps, barriers, and other systemic challenges related to the need for planning and infrastructure development and coordination of behavioral health and wellness services.
6. For all Purpose Areas: Describe potential project partners and community resources in the catchment area that can participate in the planning process and infrastructure development.
7. For all Purpose Areas: Affirm the goals of the project are consistent with priorities of the federal facility/organization for the Area being served by the project.

**Section B: Project Narrative/Proposed Approach/Project Plan (20**

**points)**

1. For all Purpose Areas: Describe the purpose of the proposed project, including a clear statement of goals and objectives. Describe how achievement of goals will increase system capacity to support the goals and objectives or activities in the Purpose Area for which the applicant is applying.
2. For all Purpose Areas: Describe how project activities will increase the capacity of the identified community to plan and improve the coordination of a collaborative behavioral health and wellness service systems. Describe anticipated barriers to progress of the project and how these barriers will be addressed.
3. For all Purpose Areas: Discuss how the proposed approach addresses the local language, concepts, attitudes, norms and values about suicide, and/or methamphetamine use.
4. For all Purpose Areas: Describe how the proposed project will address issues of diversity within the population of focus including age, race, gender, ethnicity, culture/cultural identity, language, sexual orientation, disability, and literacy.
5. For all Purpose Areas: Describe how members of the community (including youth and families that may receive services) will be involved in the planning, implementation, and data collection and regional evaluation of the project.
6. For all Purpose Areas: Describe how the efforts of the proposed project

will be coordinated with any other related Federal funding, including IHS, SAMHSA, or Bureau of Indian Affairs (BIA) services provided in the community (if applicable).

7. For all Purpose Areas: Provide a timeline chart depicting a realistic timeline for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in the chosen Purpose Area. [Note: The timeline chart should be part of the Project Narrative as specified in the “Requirements for Project Proposals” section. It should not be placed as an attachment.]
8. For all Purpose Areas: If the applicant plans to include an advisory body in the project, describe its membership, roles and functions, and frequency of meetings.
9. For all Purpose Areas: Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include a list of these organizations as an attachment to the project proposal/application. In the attached list, indicate the organizations that the federal facility/organization has worked with or currently works with. [Note: The attachment will not count as part of the 20-page maximum.]

### **Section C: Organizational Capacity and Staffing/Administration (15**

**points)**

**All Purpose Areas should address all of the components listed below:**

1. Describe the management capability and experience of the applicant in administering similar program awards, grants and projects.
2. Discuss the applicant experience and capacity to provide culturally appropriate/competent services to the community and specific populations of focus.
3. Describe the resources available for the proposed project (e.g., facilities, equipment, information technology systems, and financial management systems).
4. Describe how project continuity will be maintained if/when there is a change in the operational environment (e.g., staff turnover, change in project leadership, change in elected officials) to ensure project stability over the life of the program award.
5. Provide a complete list of staff positions for the project, including the Project Director, Project Coordinator, and other key personnel, showing the role of each and their level of effort and qualifications.
6. Include position descriptions as attachments to the project proposal/application for the Project Director, Project Coordinator, and all key personnel. Position descriptions should not exceed one page each. [Note: Attachments will not count against the 20 page maximum].
7. For staff that are identified and currently on staff, include a biographical sketch (not to include personally identifiable information) for the Project



Director, Project Coordinator, and other key positions as attachments to the project proposal/application. Each biographical sketch should not exceed one page. Reviewers will not consider information past page one.

[Note: Attachments will not count against the 20 page maximum]. **Do not** include any of the following:

- i. Personally Identifiable Information;
- ii. Resumes; or
- iii. Curriculum Vitae.

#### **Section D: Local Plan for Data Collection (20 points)**

Describe the applicant's plan for gathering local data, submitting data requirements, and document the applicant's ability to ensure accurate data tracking and reporting.

Funded projects are required to coordinate data collection efforts with a regional (IHS Area) evaluator. The regional evaluators will be identified and funded by IHS and coordinated with each local project and will feed the regional and national evaluation for MSPI. Awardees will work with the regional evaluator(s) to evaluate the core processes, outcomes, impacts, and benefits associated with the MSPI. Awardees shall collect local data related to the project and submit it in semi-annual progress reports. The data collected and submitted through the progress reports will be made available to the regional and national evaluator(s) for MSPI. The purpose of the regional

and national evaluation is to assess the extent to which the projects are successful in achieving project goals and objectives and to determine the impact of MSPI-related activities on individuals and the larger community.

Progress reporting will be required on national and regionally selected data elements related to program outcomes and financial reporting for all awardees. Progress reports will be collected semi-annually throughout the project on a web-based portal. Progress reports include the compilation of quantitative (numerical) data (e.g., number served; screenings completed, etc.) and of qualitative or narrative (text) data. The regional and national evaluators will also coordinate the narrative data collection and provide an analysis of the funded project's responses to open-ended questions about "program accomplishments," "barriers to implementation," and description of partnership and coalition work.

The reporting portal will be open to project staff on a 24 hour/7 day week basis for the duration of each reporting period. Reporting form formats allow awardees to report outcomes and include open-ended questions about current accomplishments and barriers during the reporting period. In addition, financial report forms (SF-425), which document funds received and expended during the semi-annual reporting period, will be available. All materials will be provided on the portal and are to be submitted online. Technical assistance for web-based data entry and for the completion of

required fiscal documents will be timely and readily available to awardees by assigned IHS Project Officers.

**Section E: Budget and Budget Narrative (10 points)**

The applicant is required to include a line item budget for all expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for **Project Year 1 only**.

The budget should match the scope of work described in the project narrative for the **first project year expenses only**. The page limitation should not exceed four single-spaced pages.

The applicant must provide a narrative justification of the items included in the proposed line item budget supporting the mission and goals of MSPI, as well as a description of existing resources and other support the applicant expects to receive for the proposed project.

**Additional documents can be included as Appendix Items should be labeled properly as Appendix Items. For example:**

- Work plan.
- Logic model and/or timeline for proposed objectives.
- Position descriptions for key staff.
- Consultant or contractor proposed scope of work and letter of commitment

(if applicable).

- Organizational chart.
- Map of area identifying project location(s).
- Additional documents to support narrative (i.e. data tables, key news articles, etc.).

## **2. Review and Selection**

Each application will be prescreened by DBH staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation criteria in this funding announcement. The ORC could be composed of Tribal, urban and Federal reviewers appointed by the IHS program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via e-mail of this decision by DBH staff.

Applicants will be notified by DBH, via e-mail, to outline minor missing components (i.e., budget narratives, key contacts) needed for an otherwise complete application. All missing documents must be sent to DBH on or before the due date listed in the e-mail of notification of missing documents

required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award (NoA) is a legally binding document signed by the Director of the Division of Behavioral Health and serves as the official notification of the federal program award. The NoA will be provided to the awardee via email. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the program award, the terms and conditions of the award, the effective date of the award, and the budget/project period.

### **Disapproved Applicants**

Applicants who received a score less than the recommended funding level for approval, 65 points, and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application submitted. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance if desired.

### **Approved But Unfunded Applicants**

Approved but unfunded applicants that met the minimum score of 65 points and were deemed by the ORC to be “Approved,” but were not funded due to lack of funding, will have their applications held by DGM for a period of one year. If additional funding becomes available during the course of FY 2015, the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

**NOTE:** Any correspondence other than the official NoA signed by the Director of Behavioral Health announcing to the Project Director that an award has been made to their federal facility/organization is not an authorization to implement their program on behalf of IHS.

### **2. Reporting Requirements**

The awardee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active program award, withholding of additional awards for the project or withdraw of program funding by DBH. Continued failure to submit required reports may result in withdraw of program funding by DBH. This requirement applies whether the delinquency is

attributable to the failure of the federal facility/organization or the individual responsible for preparation of the reports. Reports must be submitted via the MSPI online progress report data portal. Personnel responsible for submitting reports will be required to have access to the MSPI online progress report data portal and obtain a login and password. Information on how to obtain a login and password will be provided to all awardees.

The reporting requirements for this program are noted below.

**A. Progress Reports**

Progress reports are required semi-annually/annually through the national MSPI online progress report data portal, within thirty (30) days after the budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the reporting period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within ninety (90) days of expiration of the budget/project period.

**B. Financial Reports**

The Federal Financial Report FFR (SF-425) is due thirty (30) days after the close of the project mid-year (first 6 months) and the project end-year (end of the project year). Awardees will upload the SF-425 to the MSPI online progress report data portal for submission by the required reporting deadlines.

Awardees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Report (SF-425).

## **VII. Agency Contacts**

### 1. Questions on the **programmatic issues** and **how to apply/application**

**submission** may be directed to:

Audrey Solimon, Health System Specialist

5300 Homestead Rd. NE

Albuquerque, NM 87110

Phone: (505) 248-4330

Fax: (505) 248-4257

Email: [Audrey.Solimon@ihs.gov](mailto:Audrey.Solimon@ihs.gov)

### 2. Questions on **fiscal matters** may be directed to:

Beverly Cotton, Director

IHS Division of Behavioral Health

801 Thompson Avenue – RB 340

Rockville, MD 20874

Phone: (301) 443-4754

Fax: (301) 443-7623

Email: [dbh@ihs.gov](mailto:dbh@ihs.gov)



Date: \_\_\_\_\_

\_\_\_\_\_  
Robert G. McSwain  
Acting Director  
Indian Health Service