

whether they are descriptive, quasi-experimental studies, or experimental studies)

- The extent to which evaluation of the services/practice has demonstrated positive outcomes, and the extent to which positive outcomes have been demonstrated for different populations
- The extent to which evaluation of the services/practice has been studied
- The extent to which evaluation of the services/practice has been replicated
- The extent to which the services/practice have been documented (e.g., through development of guidelines, tool kits, treatment protocols, and/or manuals)
- The extent to which fidelity measures have been developed (e.g., no measures developed, key components identified, or fidelity measures developed)

• If the evidence-base includes formal consensus processes involving recognized experts in the field, describe:

- The experts involved in the consensus development activity related to the proposed services/practice (e.g., members of an expert panel formally convened by NIH, the Institute of Medicine or other nationally recognized organization, or members of an informal group of experts, such as faculty at a leading research institution)
- The nature of the consensus that has been reached and the process used to reach consensus
- The extent to which the consensus has been documented (e.g., in a consensus panel report, meeting minutes, or an accepted standard practice in the field)
- Any empirical evidence (whether formally published or not) supporting the effectiveness of the proposed services/practice
- Rationale for concluding that further empirical evidence does not exist to support the effectiveness of the proposed services/practice, if appropriate

In assessing applicants' narratives for Section A/Level One review, reviewers will consider whether the evidence presented in support of the proposed services/practice is, in their expert and professional opinion, commensurate with the best information available regarding effectiveness and acceptability.

Applicants should be aware that passing Level One review does not ensure that the application will be approved for funding, even if the proposed project includes a service/practice that is considered by SAMHSA

to have met the standard of effectiveness.

2. Level Two Review

Section B: Statement of Need (10 Points)

- Define the target population (including demographics) and the geographic area to be served.
- Provide baseline data as required in Appendix A of this document.
- Describe the nature of the problem and extent of the need for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could 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). 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.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State. Include, in Appendix 5, a copy of the State Strategic Plan, a State needs assessment, or a letter from the State indicating that the proposed project addresses a State-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

Section C: Proposed Approach (40 Points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention).
- Demonstrate how the proposed services/practice will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes.
- Describe how the services or practice will be implemented.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) 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 the proposed project will address issues of age, race,

ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.

- Describe how members of the target population helped prepare the application, and how they will help plan, implement, and evaluate the project.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, 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. Include letters of commitment from community organizations supporting the project in Appendix 1. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

Section D: Staff, Management, and Relevant Experience (35 Points)

- Provide a time line for the project (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.]**
- 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 project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.
- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the evaluator and treatment/prevention personnel.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.