

- Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, childcare, and vouchers) to clients as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.

- 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 (STDs)/sexually transmitted illness (STI), TB, and hepatitis B and C, or for psychotropic drugs.

F. Other Submission Requirements

1. Where To Send Applications

Send applications to the following address: Substance Abuse and Mental Health Services Administration, Office of Program Services, Review Branch, 5600 Fishers Lane, Room 17-89, Rockville, Maryland, 20857.

Be sure to include the funding announcement number from the NOFA in item number 10 on the face page of the application. If you require a phone number for delivery, you may use (301) 443-4266.

2. How To Send Applications

Mail an original application and 2 copies (including appendices) to the mailing address provided above. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

You must use a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or e-mailed applications will not be accepted.

V. Application Review Information

A. Evaluation Criteria

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A–E). These sections describe what you intend to do with your project.

- 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.

- Be sure to provide references for any literature cited in your application. The reference list will not be counted toward the page limit for these sections. The Project Narrative may be no longer

than 28 pages (3 pages for Section A and 25 pages total for Sections B–E).

- 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.

- The Supporting Documentation you provide in Sections F–H, Appendices 1–5, and the References list 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. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

For both Phase I and Phase II of SAMHSA’s BPPI Grants there will be two levels of review.

- *Level One Review* will consider how well the applicant addresses the requirements in Section A—Evidence of Effectiveness. If the practice proposed in the application does not meet the required standard for effectiveness as described below, the application will not move on to Level Two review and will not be considered for funding.

- *Level Two Review* will consider how well the applicant addresses the requirements in Section B (Statement of Need), Section C (Proposed Approach), Section D (Staff, Management and Relevant Experience), and Section E (Evaluation and Data). The applicant’s score on Sections B–E combined will be used to determine the applicant’s priority score.

1. Phase I Criteria

Level One Review

Section A: Evidence of Effectiveness

Put all information to be considered in Level One in Section A: Evidence of Effectiveness. Section A may not be longer than 3 pages. During Level One review, reviewers will decide whether the applicant’s proposed practice meets the required standard for effectiveness. Reviewers will assess Level One review on a pass/fail basis. Applications that do not pass Level One review will not move on to Level Two review.

Applicants proposing to implement practices included in the following sources are considered by SAMHSA to have met the effectiveness standard for SAMHSA’s BPPI Grants. Such

applicants are not required to provide further documentation of effectiveness of the services/practices. Such applicants must name the practice and indicate which of the following is the source(s) for the proposed practice:

- SAMHSA’s National Registry of Effective Programs (NREP) (see Appendix D to this document).
- Center for Mental Health Services (CMHS) Evidence Based Practice Tool Kits (see Appendix E to this document).
- Effective Substance Abuse Treatment Practices (see Appendix F to this document).
- The NOFA for a specific funding opportunity (provide the name and funding opportunity number from the NOFA).

Applicants who select practices that are not identified in any of the sources listed above must provide a narrative justification that shows that the proposed practice includes the best objective information available from recognized experts regarding effectiveness and acceptability. The narrative must address the following:

- Describe the proposed practice.
- Indicate whether the evidence base for the proposed practice includes scientific studies published in the peer-reviewed literature, other studies not published in the peer-reviewed literature, and/or from formal consensus processes involving recognized experts in the field.

- *If the evidence base includes scientific studies published in the peer-reviewed literature or other studies that have not been published, describe:*

- The extent to which the practice has been evaluated and the quality of the studies (e.g., whether they are descriptive, quasi-experimental studies, or experimental studies)
- The extent to which evaluation of the 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 practice has been studied
- The extent to which evaluation of the practice has been replicated
- The extent to which the practice has been documented (e.g., through 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 includes formal consensus involving recognized experts, describe:*