

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**Projects for Assistance in Transition from Homelessness
(PATH)**

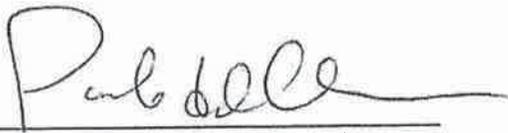
Short Title: FY 2013 PATH RFA

Request for Applications (RFA) No. SM-13-F2

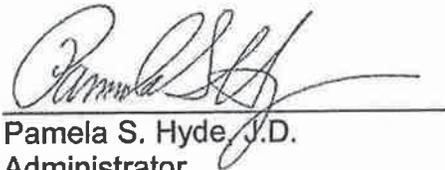
Catalogue of Federal Domestic Assistance (CFDA) No.: 93.150

Key Dates:

Application Deadline	Applications are due by June 14, 2013
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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) 2013 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring serious mental illness and substance use disorders who are homeless or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management, and services which are not supported by mainstream mental health programs.

Funding Opportunity Title:	Projects for Assistance in Transition from Homelessness
Funding Opportunity Number:	SM-13-F2
Due Date for Applications:	June 14, 2013
Anticipated Total Available Funding:	\$58,527,000
Cost Sharing/Match Required	Yes See Section III-2 of this RFA for cost sharing match requirements.
Length of Project Period:	1 year
Eligible Applicants:	States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2013 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring serious mental illness and substance use disorders who are homeless or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management and services which are not supported by mainstream mental health programs.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalize on emerging opportunities. These initiatives will streamline SAMHSA's efforts and maximize the impact of our resources on areas of urgency and opportunity. This will also enable SAMHSA to shift its programs to better complement the changing policy landscape resulting from the Affordable Care Act and Mental Health Parity Act. Housing and homelessness resides in SAMHSA's Recovery Support Strategic Initiative. This initiative includes objectives designed to provide housing and reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. SAMHSA's Military Families Strategic Initiative outlines SAMHSA's dedication to improving the behavioral health of the Nation's military service members, veterans, and their families. These Initiatives can be viewed at <http://www.samhsa.gov/about/strategy.aspx>.

PATH grants are authorized under Section 521 et seq. of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-28.

2. EXPECTATIONS

PATH funds are distributed to each state, the District of Columbia, Puerto Rico, and four U.S. Territories, so that they may, in turn, make grants to local, public or non-profit organizations to provide a variety of legislatively authorized services. States are

expected to fund organizations in areas with the highest concentration of people who are literally homeless.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. SAMHSA requires that grantees demonstrate that people with lived experience (including consumers/peers/people in recovery, youth, and family members) are directly involved in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans particularly in the context of health reform, and to help to clarify these concepts for those applying for funding, providers, grantees, peers/people in recovery, families, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible. Grantees are also expected to address the four dimensions of recovery (health, home, purpose, and community) to the greatest extent possible in their project design and service delivery.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

Health Disparities

In accordance with the disparity-focused provisions of the Affordable Care Act, SAMHSA encourages the use of PATH dollars to support the reduction of disparities in access, services provided, and behavioral health outcomes among its diverse

subpopulations. Grantees are encouraged to collect and utilize data to: (1) identify subpopulations (i.e., racial, ethnic, limited English speaking, tribal, sexual/gender minority groups, and people living with HIV/AIDS or other chronic diseases/impairments) vulnerable to health disparities and (2) implement strategies to decrease the disparities in access, service use, and outcomes both within those subpopulations and in comparison to the general population. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov> (See Appendix I)

In October 2011, in accordance with section 4302 of the Affordable Care Act, HHS issued final standards on the collection of race, ethnicity, primary language, and disability status (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>). This guidance conforms to the existing OMB directive on racial/ethnic categories with the expansion of intra-group, granular data for the Latino and the Asian-American/Pacific Islander populations.

2.1 PATH-eligible services are the following:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services including recovery support services, such as peer specialist/recovery coaches;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, peer support services, personal financial planning,

transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

- Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
- Referring eligible homeless individuals for such other services as may be appropriate; and
- Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1381(a)(2)) if eligible homeless individuals are receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;
- Supportive and supervisory services in residential services;
- Referral for primary health services, job training, educational services, and relevant housing services; and
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act, including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - Costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - One-time rental payments to prevent eviction.

Although PATH funds can be used to support the above array of services, applicants are encouraged to use PATH resources to fund street outreach, case management and services which are not financially supported by mainstream behavioral health programs.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.2 Data Collection and Performance Measurement

All PATH programs are encouraged to use the Homeless Management Information System (HMIS) within the next 1-3 years for tracking PATH data. This will enable SAMHSA to report reliable and consistent client- and aggregate-level data on the performance of the PATH program.

SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support states and providers in meeting this goal. This support will include such activities as training and technical assistance. PATH providers will have flexibility to use PATH funds to support HMIS activities. To facilitate the use of HMIS, states and providers should:

- Submit a timeline for fully migrating all providers to HMIS over the next 1-3 years;
- Identify technical assistance needed to complete migration;
- Fully participate in HMIS technical assistance and training activities;
- Facilitate flexible use of PATH funds to support HMIS activities;
- Connect with Continuums of Care to facilitate data migration; and
- Work with local HMIS administrators to incorporate PATH data fields into HMIS.

During this transition period, states and providers will continue to use the current PATH web-based data collection system for reporting data to SAMHSA.

2.3 Grantee Meetings

Grantees must plan to send the PATH State Contact to the SAMHSA Homeless Programs Annual Grantee meeting. A detailed budget and narrative for this travel must be included in the budget section. This 4-day meeting will be held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

The PATH Program will distribute approximately \$58.527 million to states and territories. The awards will range from \$50,000 to \$8.496 million total (direct and

indirect), depending upon a legislatively determined formula. [Appendix A](#) lists the funds allocated for each jurisdiction.

Funding estimates for this announcement are based on the FY 2013 Continuing Resolution, as reduced by sequestration. Applicants should be aware that funding amounts are subject to the availability of funds.

Additional federal criteria set forth in 45 CFR Part 74 and Part 92 – Health and Human Services Uniform Grants Requirements stipulate generic requirements concerning the administration of grants and are applicable to these awards.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Section 522 of the PHS Act requires that the states and territories must expend their payments under the Act only for making grants to political subdivisions of the state (or Territories), and to nonprofit private entities (including community-based veterans' organizations and other community organizations) for providing services specified in the Act. See Section 2 [Expectations](#), to review PATH-eligible services.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing is required as specified in Section 523 (a) of the PHS Act. The state must match directly or through donations from public or private entities, non-federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of federal PATH funds. Non-federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included when determining the amount of such non-federal contributions.

3. OTHER

3.1 Additional Eligibility Requirements

Applicants must comply with the following requirements: application submission requirements in Section IV-2 of this document; and formatting requirements provided in Section IV-2.3 of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. APPLICATION PACKAGE

You may request a complete application kit from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. You also may download the required documents from the SAMHSA Web site at <http://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; and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- The face page (SF-424), budget forms, assurances, certification, and checklist. **Applications that are not submitted on the required application form will be returned for resubmission.**
- The request for Applications (RFA) which 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 (<http://www.samhsa.gov/grants/index.aspx>)

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

2.2 Required Application Components

Applications must include the following ten required application components:

- **Face Page** – SF-424 is the face page. See [Appendix B](#) for Supplementary Instructions.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form** – Use SF-424A. Fill out Sections B and C of the SF-424A. A sample budget and justification is included in [Appendix C](#) of this document. **NOTE: Individual budgets for local provider agencies are to be submitted with Section C: Local Provider Intended Use Plans.**
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project and consists of the following sections:
 - Section A: Executive Summary
 - Section B: State-Level Information
 - Section C: Local Provider Intended Use Plans

See Section V: Application Review Information on completing each section of the Project Narrative.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application. Signing Item 21 of the SF-424 certifies that you agree to comply with the assurances listed on SF-424B.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application.
- **Agreements** – [Appendix D](#) contains a set of agreements to be signed by the Governor or an individual designated to sign on behalf of the Governor assuring compliance with specific requirements of the legislation. If a designee signs the agreement, a letter from the Governor authorizing the individual to sign on his/her behalf must be included with the application. A copy of the letter may be included in the application from year to year as long as the letter includes language indicating that the designation is valid for more than one year, such as “as long as I am Governor” etc.
- **Disclosure of Lobbying Activities** – 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. You must sign and submit this form, if applicable.

- **Checklist** – 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.
- **Charitable Choice** – On September 30, 2003, SAMHSA issued final regulations to implement its two Charitable Choice provisions (Sections 581-584 and Section 1955 of the Public Health Services Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively). The Charitable Choice reporting requirements for PATH are being developed. Grantees will be required to report on Charitable Choice implementation as part of the reporting requirements for the 2013 Annual Report. The Charitable Choice provisions and their regulations allow religious organizations to provide SAMHSA-funded substance abuse prevention and treatment services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions and regulations contain important protections both for religious organizations that receive SAMHSA funding and for individuals who receive their services, and apply to religious organizations and to state and local governments that provide substance abuse prevention and treatment services under SAMHSA grants. A copy of these regulations is available at <http://www.hhs.gov/fbc/waisegate21.pdf>. The Charitable Choice assurance is included in **Appendix D**.

2.3 Application Formatting Requirements

Please refer to [Appendix E](#), Checklist for Formatting Requirements for SAMHSA Grant Applications, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be returned for resubmission.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 14, 2013**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only 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.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix F](#) "Guidance for Electronic Submission of Applications."

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and two copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Virginia Simmons
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, MD **20857**
Telephone: (240) 276-1411
Fax: (240) 276-1430
E-mail: Virginia.simmons@samhsa.hhs.gov
Attn: PATH Formula Grant (SM-13-F2)

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include: **PATH Formula Grant SM-13-F2** in item number 12 on the face page (SF-424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1400.

Applications are requested as soon as possible but must be received by June 14, 2013. 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.

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix F](#) for "Guidance for Electronic Submission of Applications."

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

This program is not subject to the intergovernmental review requirements of E.O. 12372, as implemented through DHHS regulations at 45 CFR Part 100. However, individual states may require, or an applicant state mental health agency may want to implement, coordination procedures similar to those specified in E.O. 12372.

E.O. 12372 sets up a system for state and local government review of applications for federal financial assistance. Under these procedures, local agencies seeking Federal funds should contact the state's Single Point of Contact (SPOC) as early as possible to alert the SPOC to the prospective application(s) and to receive any necessary instructions on the state's review process. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the SAMHSA Web site at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

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 <http://www.samhsa.gov/grants/management.aspx> Educational Institutions: 2 CFR Part 220 (OMB Circular A-21)

- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74

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

- Grant funds must be used for purposes supported by the program.
- No more than 4% of the Federal PATH funds received shall be expended for administrative expenses as specified in Section 522(f) of the PHS Act.
- No more than 20% of the Federal PATH funds allocated to the State may be expended for eligible housing services as specified in Section 522(h)(1) of the PHS act.

Grant funds may not be expended:

- To support emergency shelters;

- For inpatient psychiatric treatment;
- For inpatient substance abuse treatment;
- To make cash payments to intended recipients of mental health or substance abuse services;
- To pay for the purchase or construction of any building or structure to house any part of the grant program; or
- Any lease arrangements in association with the proposed project utilizing PATH funds may not be funded by PATH beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant.

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-C below.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- Your response should be as brief as possible, but must convey the requested information. Some information may be presented in tabular format.
- To facilitate review of your application, as previously indicated, include a footer on each page of the document that identifies the title of the sub-section, page number and other relevant information to assist in locating specific material.
- Use the headers of each sub-section for identifying your response. Incomplete applications or those that are virtual resubmissions of applications from previous years will be returned to the state for revision and resubmission, which may delay the grant award. Please contact your Government Project Officer (GPO) if you have any questions pertaining to this section. See [Appendix G](#) for a listing of GPOs for each state and territory.

Section A: Executive Summary

Provide a brief overview of the activities the state proposes to support through the PATH Formula Grant Program. The executive summary should provide an overview of the State PATH program, providing key points that will be expanded upon in Section B: State Level Information. The following items can be addressed in a table or chart if preferred. See [Appendix H](#) for an example.

- Organization to Receive Funds – list name and type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization, etc.)
- Amount of PATH funds received by each provider
- Service Area(s) – indicate the geographic area(s) to be served
- Amount and source of matching funds to be provided
- Number of individuals contacted – Estimate the total number of clients who will be contacted by each provider using PATH funds in FY 2013 and how many will be adults and literally homeless.
- Number of individuals served (enrolled) – Estimate the total number of clients who will be enrolled by each provider using PATH funds.
- Services to be provided using PATH funds.

Section B: State-Level Information

- Provide the state’s operational definition for the terms below:
 - **Homeless Individual-** The State PATH-related operational definition for an individual experiencing homelessness must be as least as restrictive as the PHS Act legislative definition of “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.”
 - **Imminent Risk of Becoming Homeless-** Definitions of imminent risk of homelessness commonly include one or more of the following criteria: doubled-up living arrangements where the individual’s name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits,

and /or being discharged from a health care or criminal justice institution without a place to live.

- **Serious Mental Illness-** Definitions for adults with serious mental illness generally refers to individuals ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
- **Co-occurring Serious Mental Illness and Substance Use Disorders-** The definition for co-occurring serious mental illness and substance use disorders used in this announcement generally refers to individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.
- **Alignment with SAMHSA’s Strategic Initiative #3: Military Families –** Describe how the state gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving veterans experiencing homelessness.
- **Alignment with SAMHSA’s Strategic Initiative #4: Recovery Support –** Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.
- **Alignment with PATH goals –** Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
- **Alignment with State Comprehensive Mental Health Services Plan –** Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.
- **Alignment with State Plan to End Homelessness –** Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness.
- **Process for Providing Public Notice –** Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

- **Programmatic and Financial Oversight** – Describe how the state will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organization (i.e., County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH funds.
- **Selection of PATH Local-Area Providers** – Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, or other means).
- **Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness** – Indicate the number of homeless individuals with serious mental illnesses by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.
- **Matching Funds** – Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.
- **Other Designated Funding** – Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who are homeless and have serious mental illnesses.
- **Data** – Describe the state’s and providers’ status on HMIS migration and a plan, with accompanying timeline for migrating data in the next 1 to 3 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.
- **Training** – Indicate how the state provides, pays for, or otherwise supports evidenced-based practices and other trainings for local PATH-funded staff.

Section C: Local-Area Provider Intended Use Plans

NOTE: The state must submit an Intended Use Plan for each PATH-funded organization. If the state has not selected the organizations to receive PATH funding before the PATH application is due for submission to SAMHSA’s Center for Mental Health Services, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year will be funded in the current year, but the RFP process has not been completed, you may

submit information about the organizations from the prior year. Once the selection process has been completed, submit a revised Intended Use Plan to SAMHSA. Indicate any changes in providers compared to FY 2012 and the state rationale for the change(s).

The state must include the following information for each agency that provides services with PATH funds in the Intended Use Plan:

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - Describe any gaps that exist in the current service systems.
 - Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.
 - Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.
- **Data** – Describe the provider’s status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 1 to 3 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

- **SSI/SSDI Outreach, Access, Recovery (SOAR)** – Describe the provider’s plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2012 (2011- 2012), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2013 (2013-2014).
- **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.
- **Consumer Involvement** – Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See [Appendix J](#) “Guidelines for Consumer and Family Participation”.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds. See [Appendix C](#) for a sample detailed budget.

2. REVIEW AND SELECTION PROCESS

Decisions to award state allotments will be based on a determination that all of the documents and attachments described under “Required Application Components” have been included and meet program requirements.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, your GPO and/or your Grants Management Specialist will contact you to discuss the results of the review and obtain any additional information in writing.

After all outstanding issues/concerns have been successfully addressed, you will receive a notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- **Maintenance of Effort**

States must maintain expenditures for services specified in the legislation at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying to receive grant funds.

- **Special Rule Regarding Substance Use**

Grants will not be made to the state unless the state agrees that sub-grants will not be made to any organization that (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

- **Coordination**

As specified in Section 522(c) of the PHS Act, the state must agree to make grants only to entities that have the capacity to provide, directly or through arrangements, the PATH-eligible services specified above, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who have both a mental illness and a substance use disorder.

- **Special Consideration Regarding Veterans**

As specified in Section 522(d) of the PHS Act, in making grants using PATH appropriations, the state must give special consideration in the awarding of

PATH funds to entities with a demonstrated effectiveness in serving homeless veterans.

- **Healthy People 2020**

The PHS Act is committed to achieving the health promotion and disease prevention objectives of Health People 2020, a PHS Act led national activity for setting priority areas. The PATH RFA is related to the priority area of Mental Health and Mental Disorders Topic Area HP 2020-28. Applicants may obtain a copy of Health People 2020 online at <http://www.healthypeople.gov/2020/default.aspx>.

3. REPORTING REQUIREMENTS

3.1 Post Award Requirements

- Annual data reports for activities funded with PATH funds are required on or before January 31 of each year following the grant award. Reporting guidelines will be distributed to State PATH Contacts approximately two months prior to the due date of the report.
- Beginning fiscal year (FY) 2011, the Federal Financial Report (FFR) Standard Form 425 (SF-425) is the financial reporting form that replaces, and consolidates the Financial Status Report (SF-269) and the Federal Cash Transaction Report (SF-272). The Federal Financial Report (FFR) SF-425 must be submitted to the SAMHSA Division of Grants Management no later than 90 days after the end of the total project period. (i.e. 90 days after the 12 month). The required non-federal contributions must be shown in the Recipient's Share of Net Outlays section of the FFR. The FFR SF- 425 must show at least the minimum required match for the budget period – no less than \$1 in state funds for every \$3 in federal funds awarded. Unfiled final Financial Status Reports (FSR) SF- 269 for FY 2008 and all prior years are overdue. For questions about the Federal Financial Report contact Virginia Simmons at (240) 276-1422 or Virginia.Simmons@samhsa.hhs.gov .
- OMB Circular A-133 provides audit requirements for all entities. An audit is required for all entities that expend \$500,000 or more of federal funds in each fiscal year. Audit reports for both SAMHSA and other HHS awards with fiscal periods ending on or after January 1, 2008 shall be submitted online via <http://harvester.census.gov/sac>. Audit reports with fiscal periods ending in 2002-2007 must be mailed to the following address: Federal Audit Clearinghouse, Bureau of the Census, 1201 E 10th Street, Jeffersonville, IN 47132.

- PATH states and providers are encouraged to migrate PATH data into HMIS. PATH states and providers are encouraged to develop actions to facilitate flexible use of PATH administrative funds to support HMIS activities. SAMHSA anticipates that all states and providers will be entering PATH data into HMIS within 1 to 3 years but no later than 2016.

3.2 Government Performance and Results Act (GPRA)

SAMHSA has initiated several activities to increase consistent and reliable outcome reporting data for GPRA. PATH grantees now report on all individuals served/enrolled in programs receiving Federal PATH funds, not just individuals served with Federal PATH funds only. In addition, SAMHSA asks that states voluntarily report the following three outcome measures:

- Number of persons referred to and attaining housing.
- Number of persons referred to and attaining mental health services.
- Number of persons referred to and attaining substance abuse services.

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

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:

Tison Thomas
Director, PATH Program
Homeless Programs Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1025
Rockville, Maryland 20857
Main telephone: (240) 276-2896
Fax: (240) 286-1970
tison.thomas@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Virginia Simmons
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857 (standard mail delivery)
For overnight delivery: 20850
Main telephone: (240) 276-1422
Fax: (240) 276-1430
virginia.simmons@samhsa.hhs.gov

Appendix A – FY 2013 Allocation of Federal PATH Funds

MINIMUM MATCH REQUIREMENT DEMONSTRATED

State or Territory	FY2013 Allotment	Minimum Match Required
Alabama	\$551,000	\$183,667
Alaska	\$300,000	\$100,000
Arizona	\$1,109,000	\$369,667
Arkansas	\$300,000	\$100,000
California	\$8,496,000	\$2,832,000
Colorado	\$911,000	\$303,667
Connecticut	\$808,000	\$269,333
Delaware	\$300,000	\$100,000
District of Columbia	\$300,000	\$100,000
Florida	\$3,821,000	\$1,273,667
Georgia	\$1,421,000	\$473,667
Hawaii	\$300,000	\$100,000
Idaho	\$300,000	\$100,000
Illinois	\$2,762,000	\$920,667
Indiana	\$968,000	\$322,667
Iowa	\$316,000	\$105,333
Kansas	\$343,000	\$114,333
Kentucky	\$444,000	\$148,000
Louisiana	\$719,000	\$239,667
Maine	\$300,000	\$100,000
Maryland	\$1,205,000	\$401,667
Massachusetts	\$1,599,000	\$533,000
Michigan	\$1,866,000	\$622,000
Minnesota	\$769,000	\$256,333
Mississippi	\$300,000	\$100,000
Missouri	\$877,000	\$292,333
Montana	\$300,000	\$100,000
Nebraska	\$300,000	\$100,000
Nevada	\$476,000	\$158,667
New Hampshire	\$300,000	\$100,000
New Jersey	\$2,200,000	\$733,333
New Mexico	\$300,000	\$100,000
New York	\$4,398,000	\$1,466,000

State or Territory	FY2013 Allotment	Minimum Match Required
North Carolina	\$1,067,000	\$355,667
North Dakota	\$300,000	\$100,000
Ohio	\$2,074,000	\$691,333
Oklahoma	\$421,000	\$140,333
Oregon	\$561,000	\$187,000
Pennsylvania	\$2,329,000	\$776,333
Rhode Island	\$300,000	\$100,000
South Carolina	\$532,000	\$177,333
South Dakota	\$300,000	\$100,000
Tennessee	\$841,000	\$280,333
Texas	\$4,197,000	\$1,399,000
Utah	\$496,000	\$165,333
Vermont	\$300,000	\$100,000
Virginia	\$1,337,000	\$445,667
Washington	\$1,221,000	\$407,000
West Virginia	\$300,000	\$100,000
Wisconsin	\$806,000	\$268,667
Wyoming	\$300,000	\$100,000
Puerto Rico	\$986,000	\$328,667
Guam	\$50,000	\$0
Virgin Islands	\$50,000	\$0
American Samoa	\$50,000	\$0
Northern Mariana Islands	\$50,000	\$0

Appendix B – Supplementary Instructions for the PATH Application Face Page (SF-424)

NOTE: Read generic instructions for SF-424 and then refer to the supplementary instructions below.

- Type of Submission – Select “application”
- Type of Application – Select “new”
- Date Received – leave blank
- Applicant Identified – leave blank
- Federal Identifier
 - Federal Entity Identifier – leave blank
 - Federal Award Identifier – leave blank
- Date received by State – leave blank
- State Application Identified – leave blank
- Applicant Information
 - Legal Name: The name of the State agency submitting the application.
 - Employer Identification Number (EIN): Enter the EIN as assigned by the Internal Revenue Service.
 - Organizational DUNS: Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet.
 - Address: Complete mailing address for the designated department or agency.
 - Organizational Unit: Provide the name of the department or agency designated by the Governor to administer the PATH Formula Grant Program.
 - Name and Contact Information: Provide the name of persons to be contacted on matters involving this application.
- Type of Applicant

- Name of Federal Agency – SAMHSA
- Catalogue of Federal Domestic Assistance Number – 93.150 (PATH)
- Funding Opportunity Number/Title – RFA #SM-13-F2
- Competition Identification Number/Title – not applicable
- Areas Affected by Project – leave blank
- Descriptive Title of Applicant's Project – leave blank
- Congressional Districts – List the applicant's Congressional District and all District(s) affected by the project. If the project is Statewide, please indicate and list all Districts.
- Proposed Project State and End Dates: Indicate the State's FY 2013 award period. This will be a 12-month period covering the same months as the current State PATH program year. Please note that this award may be used to reimburse only those costs incurred on or after the start of Federal FY 2013 (October 1, 2012).
- Estimated Budget:
 - Federal – Enter the amount of Federal grant money to be received by the State under the PATH Formula Grant Program. See **Appendix A** for State allotments.
 - Applicant – List amount of State funds being used to meet the non-Federal match. [The required match is not less than \$1 in State and/or local funds for every \$3 of Federal funds provided]. Include any additional State contribution beyond that amount necessary to meet the matching requirement.
 - Other – List any additional funds being contributed to the project and identify the source.
 - Program Income – List is applicable.
 - Total – List total of all above items.
- Is Application Subject to Review by State Under Executive Order 12372 Process? Select Box C "Program is not covered by E.O. 12372."

- Is the Applicant Delinquent on Any Federal Debt? This question pertains to the applicant organization and includes delinquent audit disallowances, loans and taxes.
- Authorized Representative – The application must be signed by a representative of the applicant organization who has been authorized by the Governor to apply for Federal funds.

Appendix C – Supplementary Instruction for Standard Form 424A Budget Information – Non-Construction Programs

NOTE: Read generic instructions for SF-424A and then refer to the supplementary instructions below.

Budget Categories (SF-424A)

List PATH Federal funds in column 1 and non-federal (i.e., state and local) funds in column 2. In column 1, provide budget detail by object class category (i.e., personnel, fringe, travel, equipment, supplies, contractual, etc.) for PATH Federal funds only. Please note – the state must plan to send the PATH State Contact to the SAMHSA Homeless Grantee meeting. A detailed budget and narrative for this travel must be included in the budget. The meeting will be for 4 days in the Washington, D.C. area. Attendance is mandatory.

Include any “administrative costs” in the “Indirect Charges” Object Class Category (line 6j). Generally, these administrative costs (i.e., costs which are not used to support service programs) represent funds retained by a state to support oversight of program activities. Please note that no more than 4% of the Federal payment to each state may be used for state administrative expenses.

Budget Narrative

Prepare a separate budget narrative that provides further detail regarding PATH Federal and match (i.e., state and local) funds requested for each object class category. See Examples A and B below for the level of detail to include in the budget for each local provider agency. Submit budgets for the local provider agency with Section C: Local Provider Intended Use Plan.

Grant funds may only be used for expenses necessary to carry out PATH eligible services listed in Section I.1 of this RFA, including both direct and indirect costs.

EXAMPLE A

Provider #1

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Caseworker	\$30,000	1.0	\$30,000	
Clinic Support Assoc	\$18,000	0.5	\$9,000	
Counselor	\$25,000	0.3	\$7,500	
Resource Specialist	\$30,000	1.0	\$30,000	
Outreach worker	\$25,000	1.0	\$25,000	
Enter subtotal on 424A, Section B, 6.a.				\$101,500
Fringe Benefits (25%)			\$25,375	
Enter subtotal on 424A, Section B, 6.b.				\$25,375
Travel				\$1,508
Local travel for outreach team				
Travel to training, workshops and Statewide meetings				\$1,300
Enter subtotal on 424A, Section B, 6.c.				\$2,808
Equipment (List Individually)				
Note: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year.				
Computer				\$1,000

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Printer				\$500
Enter subtotal on 424A, Section B, 6.d.				\$1,500
Supplies Office Supplies				\$500
Client-related supplies				\$500
Enter subtotal on 424A, Section B, 6.e.				\$1,000
Contractual Enter subtotal on 424A, Section B, 6.f.				\$0
Construction (Construction costs are not allowable) Enter subtotal on 424A, Section B, 6.g.				\$0
Other One-time housing rental assistance				\$2,000
Client transportation - \$180 month x 12 months				\$2,160
Enter subtotal on 424A, Section B, 6.h.				\$4,160
Total Direct Charges (sum of 6.a-6.h)				\$136,343

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Enter subtotal on 424A, Section B, 6.i.				\$136,343
Indirect Costs				
State Administrative Cost @ 4%				\$5,454
Enter subtotal on 424A, Section B, 6.j.				\$5,454
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k				\$140,237

EXAMPLE B

PROVIDER #2

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Resource Specialist	\$30,000	1.0	\$30,000	
Activity Coordinator	\$25,000	1.0	\$25,000	
Enter subtotal on 424A, Section B, 6.a.				\$55,000
* Indicate "annualized" salary for positions.				
Fringe Benefits (25%)			\$13,750	
Enter subtotal on 424A, Section B, 6.b				\$13,750
Total (sum of 6a and 6b)--Enter total on 424A, Section B, 6.k.				\$68,750

The following example is applicable to States that list allocations to local providers as a contractual expense. Note that the level of detail requested is the same as in Example A.

CONTRACTUAL

PROVIDER #1

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Director	\$75,000	0.5	\$56,250	
Resident Advocate	\$38,000	1.0	\$38,000	
Activity Coordinator	\$35,000	1.0	\$35,000	
Mental Health Asst.	\$29,000	1.0	\$29,000	
Case Manager	\$25,000	1.0	\$25,000	
Subtotal				\$183,250
*Indicate "annualized" salary for positions.				
Fringe Benefits (25%)			\$45,813	
Subtotal				\$45,813
Travel				\$1,800
2 Trips for Training				
Annual Conference or meetings				\$1,300
Subtotal				\$3,100
Supplies				\$1,500
Office Supplies				

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Software				\$1,500
Subtotal				\$3,000
Other				
Printing				\$5,000
Audit				\$1,000
Subtotal				\$6,000
Enter subtotal on 424A, Section B, 6.f.				\$241,163
Indirect Costs				
State Administrative Cost @ 4%				\$9,646
Enter subtotal on 424A, Section B, 6.j.				\$9,646
Total (sum of 6f and 6j)--Enter total on 424A, Section B, 6.k.				\$250,809

CONTRACTUAL

PROVIDER #2

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Travel				
1 Trip for Training				\$900
Annual Conference or meetings				\$1,300
Subtotal				\$2,200
Supplies				
Office Supplies				\$1,500
Client related supplies				\$1,500
Subtotal				\$3,000
Enter total on 424A, Section B, 6.f. and 6.k.				\$5,200

Appendix D – Agreements

FISCAL YEAR 2013

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State of _____ agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

- Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
 - Referrals for primary health services, job training, education services and relevant housing services;
 - Housing services [subject to Section 522(h)(1)] including
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the

needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to

reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2014, prepare and submit a report providing such information as is necessary for

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2013 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration’s (SAMSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor

Date

Appendix E – Checklist for Formatting Requirements for SAMHSA Grant Applications

Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be returned for resubmission.

- Information provided must be sufficient for review.
- Text must be legible.
- Type size in the Project Narrative cannot exceed an average of 12 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
- Text in the Project Narrative cannot exceed six lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- Use black ink and number pages consecutively from beginning to end so that information can be located easily during review of the application. Appendices should be labeled and separated from the Project Narrative and Budget sections, and all pages should be numbered sequentially.
- Pages should be typed single-spaced with one column per page.
- Pages should not have printing on both sides.
- Send the original application and two copies to the mailing address in Section IV-6.3 of this document. 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 F – Guidance for Electronic Submission of Applications

If this is the first time you are submitting an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (ten business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired SAM registrations (Entity registration).** If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. To create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.

You will find a *Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM* at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Representative (AR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

To submit your application electronically, you may search <http://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 funding announcement number and CFDA number on the first page of this funding announcement.

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

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on

the Grants.gov website. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Executive Summary, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into four separate files in the electronic submission. **If the number of files exceeds four, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the, Executive Summary and State Level Information (Sections A & B) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Section C) Local Provider Intended Use Plans (IUPs).

New for FY 2013

Applicants are now limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore _
- Hyphen –
- Space
- Period .

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Do not use special characters in file names, such as parenthesis (), #, ©, etc.

Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

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.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in **Appendix E** 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 515 words per page. 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., “Attachments 1-3”, “Attachments 4-5.”

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.**

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. 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. **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.**

Appendix G – PATH Government Project Officer for Each State and Territory

STATE/TERRITORY	FEDERAL PROJECT OFFICER
Alabama	Dorrine Gross
Alaska	Mariam Chase
Arizona	Mariam Chase
Arkansas	Robert Grace
California	Mariam Chase
Colorado	Carl Yonder
Connecticut	Carl Yonder
Delaware	Maia Banks-Scheetz
Dist. of Col.	Maia Banks-Scheetz
Florida	Dorrine Gross
Georgia	Dorrine Gross
Hawaii	Mariam Chase
Idaho	Mariam Chase
Illinois	Robert Grace
Indiana	Robert Grace
Iowa	Maia Banks-Scheetz
Kansas	Maia Banks-Scheetz
Kentucky	Dorrine Gross
Louisiana	Robert Grace
Maine	Carl Yonder
Maryland	Maia Banks-Scheetz
Massachusetts	Carl Yonder
Michigan	Robert Grace
Minnesota	Robert Grace
Mississippi	Dorrine Gross
Missouri	Maia Banks-Scheetz
Montana	Carl Yonder
Nebraska	Maia Banks-Scheetz
Nevada	Mariam Chase
New Hampshire	Carl Yonder
New Jersey	Nicole Gaskin-Laniyan
New Mexico	Robert Grace
New York	Nicole Gaskin-Laniyan
North Carolina	Dorrine Gross
North Dakota	Carl Yonder
Ohio	Robert Grace
Oklahoma	Robert Grace

STATE/TERRITORY	FEDERAL PROJECT OFFICER
Oregon	Mariam Chase
Pennsylvania	Maia Banks-Scheetz
Rhode Island	Carl Yonder
South Carolina	Dorrine Gross
South Dakota	Carl Yonder
Tennessee	Dorrine Gross
Texas	Robert Grace
Utah	Carl Yonder
Vermont	Carl Yonder
Virginia	Maia Banks-Scheetz
Washington	Mariam Chase
West Virginia	Maia Banks-Scheetz
Wisconsin	Robert Grace
Wyoming	Carl Yonder
Puerto Rico	Nicole Gaskin-Laniyan
Guam	Mariam Chase
Virgin Islands	Nicole Gaskin-Laniyan
American Samoa	Mariam Chase
Northern Mariana Islands	Mariam Chase

Appendix H – Example Table for Executive Summary

Name of Local-Area Provider	Geographic Area(s) to be served	Allocated PATH funds	Amount and source of matching funds	Estimated number of clients who will be contacted in FY13, including number who will be adults and literally homeless	Estimated number of clients who will be enrolled

Appendix I – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** To accomplish this, SAMHSA expects to utilize grantee data to (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities (2) develop disparities impact statements and (3) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. These strategies should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at

greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services

that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Appendix J – Guidelines for Consumer and Family Participation

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below.

Program Mission – An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning – Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing – The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent – Recipients of project services should be fully informed about the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection – Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination – Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation – Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes

determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusion. Consumers and family members should also be involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.