Center for Faith-Based and Community Initiatives (CFBCI)
US Department of Health and Human Services (HHS)
200 Independence Ave, SW, Rm 120F
Washington, D.C. 20201
202-358-3595 (phone)
202-401-3463 (fax)
www.hhs.gov/fbci

2004.

Grant Opportunities Notebook

Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Center for Faith-Based and
Community Initiatives

Dear Faith-Based and Community Leader,

Welcome to the Center for Faith-Based and Community Initiatives (CFBCI) and the Department of Health and Human Services (HHS). As the director of CFBCI, I want to thank you for your interest in learning about grant opportunities at the U.S. Department of Health and Human Services for 2004. Last year alone, our Center estimates that HHS awarded almost half a billion dollars to faith-based and community-based organizations. Some of these organizations are new to government funding and they range in size, scope, and mission. We have prepared this handbook for your use as the leader of an intermediary organization in educating faith-based and grassroots organizations across the country on significant grant opportunities in 2004. This handbook includes basic information for you to use in your trainings with community-serving groups. Another source available to you is our email listserv. You can sign up by heading to our Web site, www.hhs.gov/fbci and clicking on "Join Our Mailing List." My staff and I are committed to support you and those you serve in your efforts to partner with the federal government. Please give me a call if there is any additional information or help you need. May God continue to bless the important work you do and the children and families you serve.

Sincerely,

Bobby Polito
Director

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US Department of Health and Human Services
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Center for Faith-Based and Community Initiatives
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The Administration for Children and Families (ACF)

The Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF does not directly deliver services to the customer or end user but rather awards grants to state and local governments, non-profit organizations, and Indian Tribes who are responsible for direct delivery of services. The following operating divisions function within ACF:

- Office of Family Assistance (OFA);
- Office of Child Support Enforcement (OCSE);
- Office of Refugee Resettlement (ORR);
- Administration on Children, Youth, and Families (ACYF), which includes the Child Care Bureau (CCB), the Children's Bureau (CB), the Family and Youth Services Bureau (FYSB), and the Head Start Bureau (HSB);
- Administration on Developmental Disabilities (ADD);
- Administration for Native Americans (ANA); and
- Office of Community Services (OCS).

ACF is headquartered in Washington, D.C., and has a hub structure that comprises ten regional offices located throughout the country to support its activities.

ACF Contact Info:
www.acf.hhs.gov

HHS/FBCI/ACF liaison:
Deanna Carlson
Deanna.Carlson@hhs.gov
202-358-3595

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration will invest $7 billion in Fiscal Year 2004 in programs that provide medical care and social services to millions of low-income Americans, many of whom lack health insurance and live in remote rural communities and inner-city areas where health care services are scarce. Working in partnership with States and local communities, HRSA funds support:

- A network of more than 3,500 community health center sites that provide preventive and primary health care services to more than 11 million people, regardless of their ability to pay;
- Life-saving treatments and support services to some 530,000 people living with HIV/AIDS across the nation;
- State-administered programs to ensure that babies are born healthy and that pregnant women and their children have access to health care;
- The training and placement of physicians, nurses and other health care providers in isolated rural regions and inner cities;
- Programs that improve rural health care delivery and increase organ and tissue donations.

HRSA administers its core programs and presidential initiatives through four main bureaus and other key offices:
Bureau of Primary Health Care (BPHC)
Bureau of Health Professions (BHPR)
Maternal and Child Health Bureau (MCHB)
HIV/AIDS Bureau (HAB)
Office of Special Programs (OSP)
Office of Rural Health Policy (ORHP)

HRSA Contact Info:
www.hrsa.gov, and http://bphc.hrsa.gov/programs/FaithProgramInfo.htm

HHS/FBCI/HRSA Liaison:
Kimberly Konkel
Kimberly.konkel@hhs.gov
202-358-3595

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's budget and policy have been aligned to reflect a series of core priority areas, among them: co-occurring mental and substance abuse disorders, criminal justice, children and families, aging, substance abuse treatment capacity, strategic prevention framework for substance abuse, homelessness, and HIV/AIDS. The priority program areas are linked to crosscutting principles that help ensure SAMHSA's work will meet the highest standards, driven by a strategy to improve Accountability, Capacity, and Effectiveness–ACE.

- Promoting Accountability: To promote accountability, SAMHSA tracks national trends, establishes measurement and reporting systems, develops and promotes standards to monitor service systems, and works to achieve excellence in management practices in mental health services, addiction treatment, and substance abuse prevention.

- Enhancing Capacity: By assessing resources, supporting systems of community-based care, improving service financing and organization, and promoting a strong, well-educated workforce, SAMHSA enhances the Nation's capacity to serve people with or at risk of, mental illness and substance abuse disorders.

- Assuring Effectiveness: The Agency also helps assure service effectiveness through the continuous improvement of services and workforce by assessing service delivery practices, identifying and promoting evidence-based approaches to care, implementing and evaluating innovative services, and providing workforce skills training. Through these practices, SAMHSA supports a science-to-services cycle in which new knowledge helps inform new community-based services

FUNDING OPPORTUNITIES

SAMHSA supports programs, policy, and knowledge development about substance abuse prevention, addiction treatment, and mental health services through three major funding streams:

(1) Block and Formula Grants;
(2) Targeted Capacity Expansion Grants; and
(3) Programs of Regional and National Significance.

For detailed information about current grant opportunities, browse the SAMHSA Web site at www.samhsa.gov and click on "grant opportunities." Visit regularly for updates.

HHS/FBCI/SAMHSA Liaison:
Beth Nelson
Beth.Nelson@hhs.gov
202-358-3595

Economic Development

Center for Faith-Based and Community Initiatives
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Assets for Independence Demonstration (IDA) Program

Purpose

The goals of the IDA Program are to:

- Create, through project activities and interventions, meaningful asset accumulation opportunities for eligible low-income individuals and families, including households eligible for Temporary Assistance for Needy Families (TANF);
- Evaluate the effectiveness of the projects and the project designs, and determine the extent to which an asset-based program can lead to economic self-sufficiency of participants; and
- Determine the social, civic, psychological, and economic effects of providing to low-income individuals and families an incentive to accumulate assets, and the extent to which an asset-based policy stabilizes and improves families and communities.

How Funds May Be Used

An IDA grantee establishes a Reserve Fund, combining Federal grant money and the required non-Federal funding, to match the investment of savings from earned income in IDAs by project participants. The IDA savings may be used for acquisition of the following assets:

- The purchase or building of a first home;
- The capitalization of a business;
- The costs of post-secondary education; and/or
- Transfers of IDAs to family members.

Households eligible to participate in the project are those eligible for TANF or the Earned Income Tax Credit (EITC) or those whose income over the previous year was less than 200% of the poverty line.

Eligibility

The Assets for Independence Demonstration Program offers five-year Federal grants to not-for-profit 501 (c)(3) tax-exempt organizations, faith-based organizations that are tax exempt under section 501 (c)(3); State, local, or Tribal government agencies applying jointly with a 501 (c)(3) tax exempt organization; and Community Development Financial Institutions (CDFI) or Low Income Credit Union, provided that the CDFI or Credit Union has a collaborative relationship with a local community-based anti-poverty organization.

Sponsoring Bureau: Office of Community Services
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected to be available in early 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 program announcement.
Fiscal Year 2003 Program Announcement: http://www.acf.hhs.gov/programs/ocs/fy2003ocsfunding/section2a.html
Amount of competition Fiscal Year 2003: $16,000,000
Number of awards Fiscal Year 2003: 50
Size of award: up to $1,000,000
Contact information:
Jim Gatz
202-401-5284
jgatz@acf.hhs.gov

Community Food and Nutrition (CFN) Program

Purpose

The Community Food and Nutrition Program is designed to improve the health and nutrition status of low-income people by increasing and improving access to, or information about, healthy, nutritious foods. The program seeks to build community food assistance capacity, rather than deliver services. Community Food and Nutrition funds are provided to:

- Coordinate private and public food assistance resources to better serve the food and nutrition needs of low-income populations;
- Assist low-income communities in identifying potential sponsors of child nutrition programs and to initiate such programs in underserved or unserved areas; and
- Develop innovative approaches at the State and local level to meet the nutritional needs of low-income individuals, including displaced workers, elderly people, children, and the working poor.

How Funds May Be Used

Programs funded under this grant should:

- Be designed to provide nutritional benefits, including those which incorporate the benefits of disease prevention, to a targeted low-income group of people;
- Provide outreach and public education to inform eligible low-income individuals and families of other nutritional services available to them under the various Federally-assisted programs;
- Carry out targeted communications and social marketing to improve dietary behavior and increase program participation among eligible low-income populations; and
- Consult with and/or inform local offices that administer other food programs such as W.I.C. and Food Stamps to ensure effective coordination and increase service effectiveness.

Eligibility

Eligible applicants are State and local governments, Indian tribes, and public and private non-profit agencies, including faith-based organizations, with a demonstrated ability to successfully develop and implement programs and activities similar to those described above. The Office of Community Services encourages Historically Black Colleges and Universities and minority institutions to submit applications.

Sponsoring Bureau: Office of Community Services
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected to be available in early 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 funding announcement.
Fiscal Year 2003 Program Announcement: http://www.acf.hhs.gov/programs/ocs/fy2003ocsfunding/section2c.html
Amount of competition Fiscal Year 2003: $2,100,000
Size of award: up to $50,000
Contact information:
Catherine Rivers
1-800-281-9519
crivers@acf.hhs.gov

Compassion Capital Fund (CCF) Demonstration Program

Purpose

The goal of the Compassion Capital Fund Demonstration Program(CCF) is to assist faith-based and community organizations to increase effectiveness, enhance their ability to provide social services, expand their organizations, diversify their funding sources, and create collaborations to better serve those most in need. This is accomplished by funding established intermediary organizations in well-defined geographic locations.

In the first two years of the Compassion Capital Fund, the Administration for Children and Families (ACF) and the HHS Office of Community Services (OCS) funded 31 intermediary organizations (21 in 2002 and 10 in 2003). These intermediary organizations help smaller organizations operate and manage their programs effectively, access funding from varied sources, develop and train staff, expand the types and reach of social services programs in their communities, and replicate promising programs.

How Funds May Be Used

Intermediary organizations receiving Compassion Capital Funds provide two services:

1. Technical assistance to a diverse range of faith-based and community organizations; and
2. Financial support through sub-awards to a defined group of faith-based and community organizations.

Technical assistance activities funded under the CCF are conducted at no cost to interested faith-based and community organizations, and focus on organizational capacity-building, not direct services.

Eligibility

The types of organizations that receive funding as intermediary organizations through this program include non-governmental organizations, Tribal governmental organizations, non-profit agencies (including faith-based organizations), public agencies, State and local governments, colleges and universities, and for-profit entities.

CCF-funded intermediaries are established organizations with well-developed connections to, and working relationships with, faith-based and community organizations in well-defined communities. Typically, these organizations are located in the same communities as the faith-based and community organizations they serve.

Sponsoring Bureau: Office of Community Services
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected to be available in early 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 funding announcement.
Fiscal Year 2003 CCF Demonstration Program Announcement: http://www.acf.hhs.gov/programs/ocs/kits1.htm
Amount of competition Fiscal Year 2003: $4.2 million
Contact information:
Kelly Cowles
202-260-2583
kcowles@acf.hhs.gov
CCF National Resource Center: http://www.acf.hhs.gov/programs/ccf/

Compassion Capital Fund Targeted Capacity-Building Program

Purpose

The purpose of the Compassion Capital Fund Targeted Capacity-Building Program is to increase the capacity of faith-based and community organizations with a proven track record of serving the needs of at-risk and/or low-income individuals and families, according to the annual priorities of ACF and the Office of Community Services. This program offers grants to experienced faith-based and community organizations that work collaboratively to meet social service needs in their communities. The program's goal is to help promising organizations bolster their sustainability and ultimately serve more people on a continuing basis.

How Funds May Be Used

Grantees must use these awards to increase efficiency and capacity within their organization, including improving their program effectiveness and sustainability, accessing funds from diverse sources, and emulating model programs and best practices. The awards cannot be used to augment or supplant direct service delivery funds.

Eligibility

Non-profit, faith-based and community organizations, which provide social services in the priority area(s), are eligible for this program. Applicants must have a proven track record of at least one year working in the priority social service delivery area(s). ACF may give preference to applications submitted by organizations that are members of partnerships or coalitions of faith-based and/or community organizations that are working together.

Sponsoring Bureau: Office of Community Services
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected to be available in early 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 program announcement.
Fiscal Year 2003 CCF Targeted Capacity-Building Program Announcement: http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03-17412.htm
FY 2003 Total Program Funding: approximately $2,500,00
FY 2003 Number of Awards: 50
FY 2003 Size of Award: up to $50,000
Project period: 12 months
Contact information:
Kelly Cowles
202-260-2583
kcowles@acf.hhs.gov
CCF National Resource Center: http://www.acf.hhs.gov/programs/ccf/

For more information on the Compassion Capital Fund Targeted Capacity-Building Program and on other Compassion Capital Fund programs, please visit the Compassion Capital Fund National Resource Center.

Urban and Rural Community Economic Development (CED)

Purpose

The focus of the Urban and Rural Community Economic Development program is to create projects that provide employment and business ownership opportunities for low-income people through business, physical, or commercial development. Generally, the projects should improve the quality of the economic and social environment of TANF recipients, low-income residents including displaced workers, at-risk teenagers, custodial and non-custodial parents (particularly those of children receiving TANF assistance), individuals residing in public housing, individuals who are homeless, and individuals with developmental disabilities.

How Funds May Be Used

Grants are available in many different priority areas. Grantees must develop projects that will:

- Create full-time permanent jobs except where an applicant demonstrates that a permanent part-time job produces actual wages that exceed the HHS poverty guidelines;
- Create a significant number of business ownership opportunities for low-income residents of the community or significantly aid such residents in maintaining economically viable businesses; and
- Assist low-income participants to become self-sufficient.

Eligibility

Eligible applicants for the Community Economic Development Program are private, non-profit Community Development Corporations (CDCs), including faith-based organizations. A CDC is a private, non-profit corporation, governed by a board of directors consisting of residents of the community and business and civic leaders. The principal purpose of a CDC is planning, developing, or managing low-income housing or community development projects.

Sponsoring Bureau: Office of Community Services
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected to be available in early 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 funding announcement.
Fiscal Year 2003 Program Announcement: http://www.acf.hhs.gov/programs/ocs/fy2003ocsfunding/section2b.html
Amount of competition Fiscal Year 2003: $14,000,000
Contact information:
Carol Watkins
1-800-281-9519
cwatkins@acf.hhs.gov

Daphne Weeden
(202) 401-9239
dweeden@acf.hhs.gov

At-Risk Children and Youth

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Adoption Opportunities Program

Purpose

The Adoption Opportunities Program includes the following components:

- The development and implementation of a national adoption information exchange system;
- Increasing services in support of the placement in adoptive families of minority children who are in foster care and have the goal of adoption, with a special emphasis on the recruitment of minority families; and
- Increasing post-legal adoption services for families who have adopted children with special needs.

How Funds May Be Used

Grantees of this program develop collaboration strategies and models to increase the number of adoptions and to provide innovative services and tests of new service delivery models to strengthen families who have adopted children. Funded projects have assisted with child protective services' efforts to achieve permanency for children in the child welfare system and have focused on assisting States to improve their ability to meet the needs of the rising numbers of children waiting for permanent families.

Eligibility

Different types of grants are awarded through a competitive process to eligible entities, which may include States, local government entities, federally recognized Indian Tribes and tribal organizations, faith-based and community organizations, colleges and universities, public or private non-profit licensed child welfare or adoption agencies, and adoption exchanges.

Sponsoring Bureau: Administration on Children, Youth, and Families, Children's Bureau
Fiscal Year 2004 Grants: Information about funding levels and grant competitions in Fiscal Year 2004 is expected be available in spring 2004. An excellent way to learn more about this program is to read the Fiscal Year 2003 program announcement.
Fiscal Year 2003 Grants Program Announcement: http://www.acf.hhs.gov/programs/cb/funding/cb2003/index.htm and http://www.acf.hhs.gov/programs/cb/funding/cb2003/parttwo.htm#da
Amount of Competition Fiscal Year 2003: $11,000,000
Contact information:
Sylvia Johnson
202-401-4524
SYJohnson@acf.hhs.gov

Patricia Campiglia
202-205-8060
pcampiglia@acf.hhs.gov

Head Start Program

Purpose

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs with the overall goal of increasing the school readiness of young children in low-income families.

All Head Start programs must adhere to Program Performance Standards, which constitute the expectations and requirements Head Start grantees must meet. These standards ensure the Head Start goals and objectives are implemented successfully, the Head Start philosophy continues to thrive, and all grantee and delegate agencies maintain the highest possible quality in the provision of services.

How Funds May Be Used

The Head Start program has a long tradition of delivering comprehensive and high quality services designed to foster healthy development in low-income children. Head Start grantee and delegate agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, mental health, nutrition, and parent involvement. In addition, Head Start services are responsive and appropriate to each child's and family's developmental, ethnic, cultural, and linguistic heritage and experience.

Eligibility

Grants for the operation of Head Start and Early Head Start programs may be awarded to public or private, for-profit or nonprofit organizations, and public school systems. A currently funded grantee will continue to serve as the Head Start agency in the community until the grantee organization decides it no longer wants to be a sponsoring agency, or unless the Head Start Bureau terminates the grant for cause. If a grantee gives up or loses funding, Head Start funds will be awarded to another eligible organization in the same community through a competitive process.

In years when additional funds are available for expanding Head Start and Early Head Start services, these funds may go to existing agencies to increase their enrollment of children. Alternatively, these funds may be awarded to new grantees through a competitive process, particularly in a geographic area that requires more services.

Head Start Bureau budget Fiscal Year 2003: $6,667,000,000
Number of grantees and delegates: approximately 2,800
Sponsoring Bureau: Administration on Children, Youth, and Families, Head Start Bureau
Head Start Bureau Web site: http://www.acf.hhs.gov/programs/hsb/
Additional Head Start Information: http://www.headstartinfo.org/
Head Start Directory by State or City: www.acf.hhs.gov/programs/hsb/hsweb/index.jsp
Contact information:
Head Start Information and Publication Center, Inc.
1-866-763-6481
Head Start Contact:
Jean Simpson
202-205-8421
jsimpson@acf.hhs.gov

Mentoring Children of Prisoners (MCP) Program

Purpose

The purpose of the Mentoring Children of Prisoners program, established in 2003, is to make competitive grants to applicants serving urban, suburban, rural, or tribal populations with substantial numbers of children of incarcerated parents and to support the establishment and operation of mentoring programs using a network of public and private entities.

How Funds May Be Used

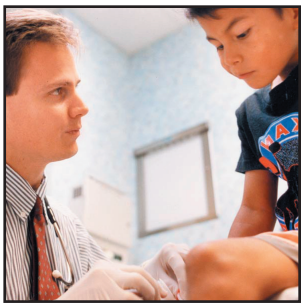
Projects funded under this program must link children with mentors, incorporate the elements of Positive Youth Development, and develop a plan for the child's family. A project must serve the children of prisoners in areas with a comparative severity of need for mentoring services.

Eligibility

Those eligible to apply for funding under this grant competition include faith and community-based organizations, tribal governments or consortia, and State or local governments where substantial numbers of children of prisoners live. Applicants must apply to establish new programs or to expand existing programs utilizing a network of public and private community entities. Collaboration among eligible entities is strongly encouraged.

Sponsoring Bureau: Administration on Children, Youth, and Families; Families and Youth Services Bureau
Fiscal Year 2004 Program Announcement: http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/04-3844.htm
Amount of competition Fiscal Year 2004: $37,500,000
Size of award Fiscal Year 2004: $100,000 to $1,000,000
Contact information:
Linda V. Barnett
202-205-8102

Sylvia Johnson
202-401-4524



Health

Center for Faith-Based and Community Initiatives
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HRSA Bureau of Primary Health Care Programs

Purpose

Faith-based organizations can be an important part in developing and maintaining a primary care safety net program. Several different primary care programs offer opportunities to apply for direct funding or work in collaboration with Federally funded grantees. A brief description of opportunities is provided below.

How to Participate

The Community Health Center and Migrant Health Center (C/MHC) programs are designed to promote the development and operation of community-based primary health care service systems in medically underserved areas for medically underserved populations. C/MHC's are funded to:

- Strengthen the network of community-based, financially strong, competitive primary care systems;
- Provide services that include primary and preventive health care, outreach, and dental care;
- Supply services such as laboratory tests, X-rays, environmental health, and pharmacy services as well as related services such as health education, transportation, translation, and prenatal services;
- Link people to welfare, Medicaid, mental health and substance abuse treatment, WIC, and related services;
- Offer access to a full range of specialty care services.

Several communities may already have these types of centers. However, you may not be aware that these centers are Federally funded health centers. The success of C/MHCs depends on networking beyond their immediate health care network and reaching out to other community organizations. Faith-based organizations can participate in this program in several ways, especially in underserved areas. Past examples of collaboration include:

- Creating a referral system to local clinics for primary health care services.
- Helping transport patients to health centers primary and preventative health care services.
- Educating congregations and local communities about infant mortality and the importance of prenatal care.
- Creating their own health clinics that offer limited health screening services (e.g., blood pressure screening, diabetes screening).

You can find information on where C/MHCs are located at http://ask.hrsa.gov/pc/. If you are interested in applying directly for grant funding to this program, please see the information below.

Program Contact Person:
Preeti Kanodia
301-594-4300
pkanodia@hrsa.gov

HRSA Ryan White CARE Act -

Expanding services for people living with HIV/AIDS

Background

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is federal legislation that addresses the unmet health needs of People Living With HIV/AIDS (PWA) by funding primary health care and support services. Originally enacted in 1990 and reauthorized in 1996 and 2000, the CARE Act represents the Federal Government's largest financial commitment to HIV/AIDS-related health and support services.

Purpose

The Ryan White CARE Act is a unique partnership between federal, local and state government, non-profit community organizations (including faith-based organizations), health care and supportive service providers, and people living with and affected by HIV/AIDS, working together to meet the care challenges posed by AIDS. HHS's Health Resources and Services Administration (HRSA) administer the Ryan White CARE Act, and in August 1997, HRSA formed the HIV/AIDS Bureau (HAB) to consolidate all programs funded under this legislation (Ryan White CARE Act).

The CARE Act is vital to ensuring that we can continue to meet the needs of people living with HIV/AIDS. The CARE Act has successfully improved the quality of life for people living with HIV and their families, reduced expensive hospitalizations, and increased access to care for underserved populations, particularly people of color.

How it works

The CARE Act consists of 5 components. While each addresses a specific need, they complement each other to provide comprehensive services for people living with AIDS. This legislation is somewhat confusing. There are four Titles and a Part F to the Ryan White CARE Act. We will summarize these below, but for a more thorough understanding of the Titles and programs please visit: http://hab.hrsa.gov/programs.htm

Title I

Title I of the Ryan White CARE Act provides emergency assistance to Eligible Metropolitan Areas (EMA) that are most severely affected by the HIV/AIDS epidemic. Grants are awarded to these eligible metropolitan areas based on case rates. Local consortia make allocation decisions. Major services funded under Title I are:

- Outpatient health care.
- Support services including case management, home health, hospice care, housing, transportation, and nutrition.

Eligibility - Your organization may apply for grants through your state and local government. These grants are to provide the following:

1) Outpatient and ambulatory health services including substance abuse and mental health treatment;
2) Early intervention that includes outreach, counseling and testing, and referral services;
3) Outpatient and ambulatory support services;
4) Case management in an outpatient or inpatient environment through Title I of the Ryan White CARE Act. Title I provides emergency assistance through several grants to the Eligible Metropolitan Areas (EMA) most severely affected by the HIV/AIDS epidemic. Eligible groups must be able to provide services in cities with more than 500,000 people and at least 2,000 AIDS cases in the last 5 years. To find out if you live in one of the Eligible Metropolitan Areas, and for the contact information in your area, please go to: http://hab.hrsa.gov/programs/t1list.htm

For additional information on Title I, please go to: http://hab.hrsa.gov/programs/factsheets/title1fact.htm

Title II

Title II of the Ryan White CARE Act provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five newly eligible U.S. Pacific Territories and Associated Jurisdictions. Grants are to states for health care and support services for persons with HIV/AIDS. Allocation decisions are by states. Major services funded under Title II are:

- Home and community-based health care and support services;
- Pharmacy support through AIDS Drug Assistance Program (ADAP);
- Local consortia to assess needs and organize a regional plan for delivery of HIV/AIDS services; and
- Medical care and support services.

Eligibility - Title II of the Ryan White CARE Act provides grants to all 50 States and the U.S. territories. Much of this money is earmarked for AIDS drug assistance programs, but Title II also provides funding to profit and non-profit organizations (including faith-based organizations) to provide the following services: ambulatory health care; home-based health care; insurance coverage; medications and minority medication programs; support services; and outreach to HIV-positive individuals who know their HIV status and early intervention services.

Your organization should contact your Title II state offices to receive information and applications for Title II programs available in your area.
Please visit: http://hab.hrsa.gov/programs/t2roster.htm, for your State or Territorial contact information.
For information on Title II-AIDS Drug Assistance Program please call your local health department.
For more information on Title II, please go to: http://hab.hrsa.gov/programs/factsheets/titleiifact.htm

Title III

Capacity Building Grant Program-The Title III Capacity Building Grant program funds eligible entities in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance or expand high quality HIV primary health care services in rural or urban unserved areas and communities of color. Capacity building grant funds are intended for a fixed period of time (one to three years) and not for long-term activities. Capacity building grants do not fund any service delivery or patient care. For the purposes of this grant program, capacity building is defined as activities that promote organizational infrastructure development that lead to the delivery or improvement of HIV primary care services.

Eligibility - An eligible applicant must be a public or private nonprofit entity that is, or intends to become, a primary care provider agency. Faith-based and community-based organizations are eligible to apply.

For more information on the Capacity Building grant programs please go to:
http://hab.hrsa.gov/programs/factsheets/titleiiicap.htm

Planning Grant Program - The Title III Planning Grant program funds eligible entities in their efforts to plan for the provision of high quality comprehensive HIV primary health care services in rural or urban underserved areas and communities of color. Planning grant funds are intended for a period of one year. Planning grants support the planning process and do not fund any service delivery or patient care.

Eligibility - An eligible applicant must be a public or private nonprofit entity that is, or intends to become, a primary care provider agency. Faith-based and community-based organizations are eligible to apply.

For more information on Planning Grants, please call 301-443-2177 or visit: http://hab.hrsa.gov/programs/factsheets/titleiiiplan.htm

Early Intervention Services - The Title III Early Intervention Services (EIS) program funds comprehensive primary health care for individuals living with HIV disease. Title III grants reached 108,945 patients in 1999; 67 percent were people of color.
Eligibility - An eligible applicant must be a public or private, nonprofit entity with current status as a Medicaid provider. Faith-based and community-based organizations are eligible to apply.

For more information on HIV Early Intervention Services, please call 301-443-0735 or visit:
http://hab.hrsa.gov/programs/factsheets/titleiii.htm

Title IV

Title IV of the Ryan White CARE Act is intended to provide health care and support services for children, adolescents, women, and families utilizing comprehensive, community-based care systems. CARE Act programs are required to serve women, infants, children and youth living with HIV disease, but Title IV addresses the needs of these populations specifically. Services include: primary and specialty medical care; psychosocial services; logistical support and coordination; and outreach and case management. Title IV programs enhance client access to care and to clinical trials and research. Participation in clinical research has increased among Title IV clients; for example, in 2000, it grew to 7,992 clients. Clinical research helps ensure that all patients have access to the best treatment possible.

Eligibility - Eligible organizations are public or private, nonprofit entities that provide or arrange for primary care for HIV-positive women, infants, children and youth. Faith-based and community-based organizations are eligible to apply.

For more information on Title IV, please call 301-443-9051 or visit: http://hab.hrsa.gov/programs/factsheets/titleiv.htm

Part F

Part F provides competitive grants for Projects of National Significance. Special Projects of National Significance (SPNS) are competitively awarded projects that support the development of innovative models of HIV/AIDS care with particular emphasis on hard to reach populations including Native Americans and minorities. Targeted areas include managed care, infrastructure development, training, comprehensive primary care, and access to care.

Given the complexity of the current HIV treatment regimens, Part F provides critical funds to educate and train health care providers in HIV/AIDS care through the AIDS Education & Training Centers (AETCs). As the training arm of the Ryan White CARE Act, the AETCs ensure that health care providers have access to the most up to date information and training on competent and compassionate HIV/AIDS care. Part F also provides funding for the AIDS Dental Reimbursement Program. The HIV/AIDS Dental Program assists accredited dental schools and post-doctorate dental programs with the costs associated with providing oral health treatment to patients with HIV/AIDS.

For more information on Special Projects of National Significance, please call 301-443-9976 or visit:
http://hab.hrsa.gov/programs/factsheets/spnsfact.htm

For more information on AIDS Education and Training Centers, please call 301-443-6364 or visit:
http://hab.hrsa.gov/programs/factsheets/aetc.htm

For more information on HIV/AIDS Dental Reimbursement, please call 301-443-2177 or visit:
http://hab.hrsa.gov/programs/factsheets/drpfact.htm

Eligibility - Public or nonprofit private organizations are eligible for Special Projects of National Significance grants. Faith-based and community-based organizations are eligible to apply. Provider Training AIDS Education and Training Centers, public and nonprofit private organizations, schools, and academic health science centers are eligible to apply. Preference is given to applicants that provide training for minority health providers and for other providers who care for ethnic and racial minorities at risk for, or infected with, HIV. Faith-based and community-based organizations are eligible to apply.

HIV/AIDS Dental Reimbursement Program - Dental schools, postdoctoral dental education programs, and dental hygiene education programs that are accredited by the Commission on Dental Accreditation, and that have documented non-reimbursed costs incurred in providing oral health care to HIV positive persons are eligible to apply. Faith-based and community-based organizations are eligible to apply.

Community-Based Dental Partnership Program - Dental schools, postdoctoral dental education programs, and dental hygiene education programs that are accredited by the Commission on Dental Accreditation are eligible to apply. These programs must partner with community-based dentists to provide oral health care to patients with HIV disease.

For additional resources for Faith-Based Organizations, please go to: http://www.hrsa.gov/faith/

Maternal and Child Health and SPRANS Community-Based Abstinence Education Project Grants

Purpose

There are two major types of grant funding for Maternal and Child Health programs by HRSA. Most maternal and Child Health grant programs are funded by the Title V Block Grant to States, Section 510 Abstinence Education Program. Supported programs ensure the health of all mothers, infants, children, adolescents, and children with special health care needs. Another program provides funding directly to individual organizations. This program is called the Special Projects of Regional and National Significance (SPRANS) Community-Based Abstinence Education. Both programs have great potential for strong participation by faith-based organizations.

States use Section 510 Abstinence Education Grants to create new abstinence education programs or to augment those that already exist. The Section 510 Abstinence Education Grant Program enables States to provide abstinence education, and at the option of States, where appropriate to provide, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups most likely to bear children out of wedlock. The purpose of the SPRANS Community-Based Abstinence Education Project Grant is to provide support to public and private entities to develop and implement abstinence education programs for adolescents, ages 12 through 18, in communities across the country. Projects funded through the SPRANS Community-Based Abstinence Education Grant Program must promote abstinence-only education and agree not to provide a participating adolescent any other education regarding sexual conduct in the same setting.

How to Participate

STATE Formula Grants

Grants are awarded to States based on the ratio of low-income births in a State to the total number of low-income children in all States. Please note the funds are granted by State Governors, unless otherwise indicated by State law or judicial standard. In addition, States must match three non-Federal dollars for every four Federal dollars awarded. Specific rule information can be found at http://mchb.hrsa.gov/programs/adolescents/statefs.htm. SPRANS funding is used to create new abstinence education programs or to support those that already exist. If interested in obtaining money for an abstinence education project, you must apply through your State Health Office. You can find your state contact at: http://mchb.hrsa.gov/programs/adolescents/coordinators.htm
Projects must meet the legislative priorities as described in Section 510 of Title V of the Social Security Act, see http://mchb.hrsa.gov/programs/adolescents/abstinence.htm#state.
One common activity is to sponsor educational programs that teach several of the elements under abstinence education, including:

- Developing abstinence-only education for adolescents, ages 12 through 18 in communities across the country;
- Designing abstinence-only programs that target the prevention of teenage pregnancy and premarital sexual activity;
- Creating abstinence education approaches that are culturally sensitive and age-appropriate to meet the needs of a diverse audience of adolescents, ages 12 through 18; and
- Promoting abstinence-until-marriage decisions to adolescents, ages 12 through 18.

For funding questions about the State block grants, please contact:
James King
301-443-1123
jking@hrsa.gov

All program questions should be directed to:
Joseph Leach
301-443-6320
jleach@hrsa.gov

SPRANS

Under SPRANS project grant requirements, non-profit organizations and other community-based organizations, including faith-based organizations, are eligible to apply for funding. There is no match requirement for Federal funds received under the SPRANS Community-Based Abstinence Education Project Grant program. Projects must clearly focus on the designated definition of "abstinence education" and applicants must agree not to provide a participating adolescent any other education regarding sexual conduct in the same setting. Specific instructions on how to apply can be found at http://mchb.hrsa.gov/programs/adolescents/abstinence.htm#state. The complete grant application kit consists of the Application Guidance and the application. If applicants are unable to access the application materials electronically, a hard copy of the official grant application kit can be obtained from the HRSA Grants Application Center at the address listed below.

SPRANS Contact:
Donna Hutten
301-443-1496
dhutten@hrsa.gov

Michele Lawler
301 443-5839
mlawler@hrsa.gov

HRSA Office of Rural Health Policy

Purpose

The Office of Rural Health Policy (ORHP) promotes better health care service in rural America. ORHP works both within government at federal, state and local levels, and with the private sector—associations, foundations, providers and community leaders—to seek solutions to rural health care problems. There are two grant programs that provide the most unique opportunities for faith-based organizations to partner. The purpose of the Outreach grant program is to deliver service through creative strategies requiring the grantee to form a network with at least two additional partners. The Network Development grant program furthers ongoing collaborative relationships among health care organizations by funding rural health networks that focus on integrating clinical, information, administrative, and financial systems across members.

How to Participate

Outreach Grants and Network Development - Faith-based organizations may serve best by collaborating with existing Outreach grantees to increase access to services, refer members to appropriate health services, and promoting health behaviors. Grant activities by faith-based organizations are shown to change the stigma often associated with seeking government assistance. Past activities initiated by faith-based organizations include:

- Designing and running an adult literacy program;
- Teaching basic nutrition information;
- Providing vans for transportation to out-of-town appointments; and
- Sponsoring prenatal care sessions.

Through a network of schools, churches, emergency medical service providers, local universities, private practitioners and the like, rural communities have managed to create hospice care, bring health checkups to children and provide prenatal care to women in remote areas. These grants support rural providers for up to three years who work together in formal networks, alliances, coalitions, or partnerships to integrate administrative, clinical, financial, and technological functions across their organizations.

Sponsoring Bureau: Office of Rural Health Policy
FY 2004 Grants: 20 New Projects (Outreach)
FY 2003 Grants: 13 Million (Outreach)
Size of Award: Average $170,000 (Outreach)
Project Period: Up to 3 Years
Contact Information:
Outreach - Eileen Holloran
301-443-7529
eholloran@hrsa.gov

Sandi Lyles
301-443-7321
slyles@hrsa.gov

Lilly Smetana
301-443-6884
lsmetana@hrsa.gov

Network - Michele L. Pray-Gibson
Office of Rural Health Policy
5600 Fishers Lane, Room 9A-55 Rockville, MD 20857
Phone: 301-443-0835, Fax: 301-443-2803, E-mail: mpray@hrsa.gov

National Health Service Corps (NHSC)

Purpose

Approximately 50 million people live in communities without access to primary health care. The National Health Service Corps (NHSC) is a unique group of clinicians who provide primary health care to adults and children in underserved communities. NHSC helps medically underserved communities recruit and retain primary care clinicians, including dental and mental and behavioral health professionals, to serve in their community. More than 23,000 health professionals have served with NHSC since 1972. Currently, there are more than 2,700 clinicians/health care professionals in the field who are improving the health of underserved populations and communities. Many of these clinicians have remained in service after fulfilling their initial NHSC commitments.

How You Can Participate

The NHSC can work with your community to increase health care access for the underserved by building upon your community's strengths and linking your community with clinicians who care. Your community can benefit in several ways:

- Post vacancies and site profiles on the NHSC Web site;
- Receive referrals of clinicians seeking employment in your area;
- Develop linkages to academic institutions and other organizations and resources;
- Receive community and site development assistance;
- Network with other NHSC sites; and
- Gain access to academic resources and network with State and regional organizations through the NHSC Student/Resident Experiences and Rotations in Community Health program.

Some of the clinicians that NHSC recruit are obligated to serve in community-based systems of care in return for scholarship or loan repayment support. Many NHSC clinicians remain in underserved communities after fulfilling their NHSC service commitments.

Eligibility

Communities are eligible to receive NHSC support if they are designated as a health professional shortage area (HPSA). To be designated an HPSA, a community must meet certain criteria. Criteria include, but are not limited to, the physician-to-population ratio and access to health services. More information on HPSA designation can be obtained at http://bhpr.hrsa.gov/shortage/, or by calling 1-800-221-9393.

Sponsoring Bureau: Bureau of Health Professions

Contact Information:
National Health Service Corps
Toll-Free Help Line: 1-800-221-9393
http://nhsc.bhpr.hrsa.gov

Organ Donation

Purpose

As a result of advances in medical research and transplantation technology, up to 50 lives can be saved or enhanced by just one organ and tissue donor. However, the need for donated organs is urgent. More than 81,000 of our fellow Americans are waiting for organs right now, and that list continues to grow.

HRSA is responsible for the national coordination of organ donation activities. Funds are provided through grants and special initiatives to help educate the public about the importance of organ donation, increase donation, and provide assistance to organizations engaged in donation and transplant activities.

Faith-based partners can promote donation by becoming involved in the National Donor Sabbath Program, where faith-based organizations throughout the nation join with health care professionals, transplant recipients, donor families, living donors, and those waiting for transplants to observe National Donor Sabbath. During the Friday, Saturday, and Sunday two weekends before Thanksgiving, faith communities hold services and celebrations focused on the life-affirming gifts of hope shared by organ, tissue, marrow, and blood donors. Many faith leaders participate in discussions of donation and transplantation, and implement activities to increase awareness of the critical need for donors.

How To Participate

Faith-based partners can provide opportunities for congregations, members, and staff to learn about the importance of donation and the ability to share life. Interest and participation in National Donor Sabbath has increased dramatically since 1995, with thousands of faith communities participating last year. Resources are available for the National Donor Sabbath at http://www.organdonor.gov/natldonorsabbath.htm. Additional grant funding opportunities are available for faith-based organizations to participate in collaboration with transplant-related or research-related organizations; however, faith-based organizations may not serve as a primary applicant.

Sponsoring Bureau: Division of Transplantation, Office of Special Programs.
For more information on participating in the National Donor Sabbath, please contact:

Joy Demas
301-443-7577
jdemas@hrsa.gov

Substance Abuse and Mental Health Services

Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS

Opportunities from Center for Substance Abuse Treatment (CSAT)

Targeted Capacity Expansion: General Populations ($11.9 million)

CSAT plans to award $11.9 million in new/competing grants for programs funded under the Targeted Capacity Expansion (TCE) general populations umbrella. $3.3 million of the reinvestment funding will be awarded with priority for rural populations. The goal of the TCE program is to enhance or expand a community's ability to provide a comprehensive, integrated, creative, and community-based response to a targeted, well documented substance abuse treatment capacity problem. It is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse treatment services (including both alcohol and drugs) in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. Currently, 108 grants are funded through this program. Additional funds will permit the award of 25 new grants in FY 2004.

CSAT recognizes the disparity between the needs of certain underserved and under-represented minority populations and the ability to provide them treatment services. TCE programs place priority on addressing that disparity by providing culturally responsive services. Cluster groups of current TCE grantees have been formed to deal with the specific issues/needs of the following populations/drug trends: American Indian/Alaskan Natives, women and children, adolescents/youth, co-occurring, criminal justice, Injection Drug Users (IDU)-methadone, African-Americans, and Hispanics/Latino.
As substance abuse patterns continue to change and new drugs emerge to challenge local communities' ability to rapidly and strategically respond to these new substance abuse trends, continued funding of the general TCE program will be a critically important component of CSAT's substance abuse treatment agenda.

Program data show that in FY 2001, the actual number of clients served through this program was 20,507, exceeding the target of 14,000 clients. The intent is to maintain this number as grants are completed and new grants are awarded.

Targeted Capacity Expansion: Practice Improvement Collaborative (PIC) Program ($2.565 million)

The Practice Improvement Collaborative (PIC) program addresses the need to enhance the quality of substance abuse treatment services through the adoption of evidence-based clinical and service delivery practices. Emphasis is placed on the needs of treatment providers to identify methods by which access to treatment services and engagement in treatment are enhanced by implementation of practice improvements in community-based treatment settings.

During the initial phase of the program, the PICs demonstrated the benefits of engaging a broad range of community-based stakeholders in identifying services delivery needs and implementing evidence-based practices. Collaboratives developed networks and implemented practice improvement projects within their community treatment settings and demonstrated the effectiveness of different implementation strategies. In the next phase of the program, emphasis is placed on the needs of treatment providers to institutionalize evidence-based practice improvements in their community-based treatment settings in order to improve client access, initiation, and engagement. By assisting treatment services programs in the implementation of demonstrated service delivery practices, the program supports the President's Drug Treatment Initiative.
Grantees are expected to evaluate the effect of the redesign of the process of care. Expected outcomes include improved client access, treatment initiation and engagement, and sustainability of evidence-based practices in community-based treatment programs. In FY 2003, seven new grants will be funded through this program. Additional funds will permit the award of seven new grants in FY 2004.

Targeted Capacity Expansion: Recovery Community Services Program ($2.475 million)

This program provides a variety of peer-driven and peer-led, treatment-related services. The initiative focuses on providing an array of services to persons in recovery to help them sustain the benefits of treatment and to intervene quickly to prevent relapse. Services include recovery mentoring and coaching, recovery support meeting, life skills training, including

employment, parenting, conflict resolution, alcohol-free and drug-free social activities; youth mentoring, and support services for parents and families of people with addictions and/or people in recovery. Many of these services, particularly consumer-run self-help services, are not available or are available only on a limited basis in many communities despite the fact there is a long-standing tradition in the recovery community of peers helping peers. These recovery services extend the continuum of care, beyond after-care, to provide support for long-term recovery. In this way, provision of recovery support services may free up much needed treatment capacity at the other end of the continuum by preventing relapse and facilitating rapid re-entry to treatment when necessary. It also may translate to shorter lengths of stay. In 2003, approximately 34 grants will be funded. Additional funds will permit the award of nine new grants in FY 2004.

These measures are the standard CSAT Knowledge Application measures tailored to be appropriate to a peer-led program. These measures are considered appropriate because we expect many of the recovery support services to be skill-based training modules (e.g., employment skills training, job coaching sessions, parenting skills training, etc.), which lend themselves well to a participant satisfaction measure. Grantees are also gathering information on the number and demographics of participants, as well as data on those retained in the program.

The new projects expected to be awarded under the 2003 Recovery Community Services Program will be evaluated using the GPRA measures. As part of the local evaluation, these grantees will also prepare a manual of the program/service model that can be further tested and replicated by others. Grantees in the 2004 cohort will also be expected to develop a program model for providing peer-driven recovery support services, and to prepare the model for dissemination, replication, and evaluation by others in the field, including future cohorts of grantees under this program.

Project-level descriptions, as documented in the manuals, will be helpful in disseminating new knowledge about how to design and deliver such services, and a summary document that synthesizes insights ("lessons learned") across the projects will be developed under the RCSP Technical Assistance Contract.

Targeted Capacity Expansion: Treatment for Homeless Individuals ($11.9 million)

On any given night, upwards of 500,000 persons are homeless. As many as half of homeless adults have histories of alcohol abuse or dependence, and one-third have histories of drug abuse. Approximately 20-25 percent of homeless adults have lifetime histories of mental illness, and between 10-20 percent of these have a co-occurring substance abuse disorder. In FY 2003, CSAT and CMHS expect to co-fund projects totaling $14 million to community-based organizations for the purposes of providing mental health and substance abuse services for homeless individuals. In 2003, a total of 50 grants will be for substance abuse treatment of homeless persons and six will be for a New Supportive Housing Initiative.

For FY 2004, CSAT will build on this program by reinvesting $11.9 million. The primary goal of this program is to enable communities to expand and strengthen their drug and alcohol treatment systems for homeless individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. This program is designed to address the need to link substance abuse services and/or mental health services with primary care, housing programs, and other services for homeless persons, and to secure and maintain housing for those individuals. Each project, incorporating its own intervention, is embedded within an integrated, comprehensive, community-based system.
Preference will be given to entities that provide integrated primary health, mental health and substance abuse services to homeless individuals and entities that have experience in providing those services to this population. All grantees must conduct a local evaluation of program implementation fidelity, process, and outcomes. Results to be tracked include the number of clients served and outcomes such as employment, permanent housing, reduced criminal involvement, reduced substance abuse, and improved mental health.

SAMHSA Programs

Access to Recovery: $100 million for FY 2004.

Background: President Bush announced in his State of the Union Address a new substance abuse treatment initiative, *Access to Recovery.* This new initiative will provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. The President proposed $600 million in new funds over the next three years for *Access to Recovery.* The first $100 million installment was passed in the 2004 budget for the Substance Abuse and Mental Health Services Administration (SAMHSA).

Too Many Americans Do Not Receive Help. The economic costs associated with drug abuse are estimated at around $110 billion. The human costs are measured in lost jobs, lost families, and lost lives. In 2001, 5 million of the 6.1 million people needing treatment for an illicit drug problem never got help. Of the 5 million, only 377,000 reported that they felt they needed treatment for their drug problem, including 101,000 people who knew they needed treatment, sought help, but were unable to find care.

Addiction Treatment Works; Recovery is Real. With treatment, even hard-to-reach populations reduce their illegal drug use by nearly half. Further, addiction treatment reduces criminal activity by 80 percent. It markedly increases employment and decreases homelessness, results in substantially improved physical and mental health, and reduces risky sexual behaviors. When tailored to the needs of the individual, addiction treatment is as effective as treatments for other illnesses, such as diabetes, hypertension, and asthma.

Access to Recovery: The President's proposal will establish a State-run voucher program for substance abuse treatment built on three principles:

Consumer Choice. The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, and/or spiritual. With a voucher, people in need of addiction treatment and recovery support will have the choice to select the programs and providers that will help them most. Increased choice protects individuals and encourages quality.

Results Oriented. Payment to providers will be linked to demonstration of treatment effectiveness and recovery, measured by outcomes such as abstinence from drugs and alcohol, no involvement with the criminal justice system, attainment of employment or enrollment in school, and stable housing.

Increased Capacity. The initial phase of Access to Recovery will support treatment for approximately 100,000 people per year, and expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery-promoting services.

How It Will Work: Governors are key to assuring a coordinated approach among various State departments that come into contact with people with addictive disorders: state drug and alcohol authorities; mental health authorities; departments of education, child welfare, Medicaid, and criminal justice agencies. Therefore, SAMHSA is asking Governors' offices to apply for *Access to Recovery* funds. Funds will be awarded through a competitive grant process.
States will have considerable flexibility in designing their approach and may target efforts to areas of greatest need, to areas with a high degree of readiness or to specific populations including adolescents. Specific requirements, including eligibility criteria, will be spelled out in a Request For Applications that will be developed in partnership with States and treatment providers.

Critically, States must use the new funds to supplement, not supplant, current funding and build on existing programs, including SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant. The President has requested $1.785 billion for the SAPT Block Grant in Fiscal Year 2004, an increase of $63 million over the FY03 amount. The Block Grant, with its required State maintenance of effort, provides the basic national addiction treatment infrastructure. For more information contact SAMHSA's Office of Communications at: (301) 443-8956.

Access to Recovery: How It Will Work

Background: The Nation's substance abuse treatment system is shaped, supported, and maintained by the States. These services are funded primarily through state revenues and Federal programs, including SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant and Targeted Capacity Expansion (TCE) grants, and Medicaid dollars.

While these resources continue to help millions of Americans obtain and sustain recovery from addiction, too many people who seek help are unable to find care. By providing those individuals with vouchers to pay for the care they need, *Access to Recovery* will foster consumer choice, improve service quality, and increase treatment capacity. Vouchers, along with other State-operated programs, provide an unparalleled opportunity to create profound change in substance abuse treatment financing and service delivery in America; change that will both reduce human suffering and save countless dollars in lost productivity.

Competitive Grant Program: An *Access to Recovery* workgroup is developing a Request for Applications (RFA) with input from a broad array of stakeholders in the field; among them are service providers, States, and technical experts. The workgroup is examining potential standards for participating states, performance measures, service cost ranges, and assessment and placement instruments.

An Executive Steering Committee with White House and Department of Health and Human Services (HHS) leadership is providing overall policy guidance. The RFA will be issued after funds are appropriated by Congress.

Governors' offices will be eligible to apply because Governors are key to assuring a coordinated approach among various State departments that come into contact with people with addictive disorders: state drug and alcohol authorities; mental health authorities; departments of education, child welfare, Medicaid, and criminal justice agencies.

States Will Have Flexibility. Governors applying for *Access to Recovery* funds will have considerable discretion in the design and focus of the model they select. They may choose to implement the program through a State or sub-State agency, or may implement some, or all, of the program in partnership with a private entity. States may target the program to areas of greatest need, to areas with a high degree of readiness to implement such an effort, or to specific populations, including adolescents.

Grant applications must delineate a process for screening, assessment, referral, and placement for treatment appropriate for the individual client. Applications will be expected to detail how the provider base will be expanded and how a broad array of provider organizations will become eligible for voucher reimbursement. Critically, ***Access to Recovery*** funds will be required to supplement, not supplant, current funding, thus expanding both capacity and available services.

Applications Must Be Results-Oriented. In both program design and implementation, State grant applications must delineate a process to monitor outcomes, among them: drug or alcohol use, involvement with the criminal justice system, employment, social support, living situation, access to care, and program retention. These performance data will be used to measure not only treatment success but also the ultimate success of the voucher program itself. Successful State applicants will establish:

- Need based on data on rates of abuse and dependence;
- Documentation of the most feasible approaches consistent with the voucher program's guiding principles;
- Eligibility criteria for providers;

- Eligibility criteria for clients;
- Criteria for matching clients with appropriate treatment and support services;
- Standard costs/reimbursement for treatment modalities; and
- Effective approaches to address those with special needs (e.g., homeless populations, co-occurring populations, persons living in rural areas).

For more information contact SAMHSA's Office of Communications at: (301) 443-8956.

Opportunities with the Center for Substance Abuse Prevention

Targeted Capacity Expansion: Comprehensive Workplace Initiative ($3 million)

This new program will build on existing workplace efforts by providing workplace-linked prevention and early intervention capacity to help reduce the need for extensive future treatment. The current grants ($3.2 million) will be continued in FY 2004. The 2001 SAMHSA National Survey on Drug Use and Health found that 77 percent of current drug users ages 18-49 (more than 8.5 million workers) are employed. The highest rates of both illicit drug abuse and heavy alcohol use are among those 18-25 years.

The initiative will include three core programs. The first program (total funding $3.5 million, including $2 million in priority reinvestment) will use contracts, interagency agreements, and a small grant program to support youth transition and young adult-focused workplace programs that include prevention, early identification and intervention.
The second program (total funding $2.8 million, including $500,000 in priority reinvestment) will use contracts and interagency agreements to incorporate alternative, complementary drug testing specimens and technologies into the existing HHS Mandatory Guidelines for Federal Drug Testing Programs. The effort will also implement appropriate strategies in the 121 Federal Executive Branch agencies and will make them available for other federally mandated federal drug testing programs in the Department of Transportation, the Nuclear Regulatory Commission, and in non-mandated public and private sector workplaces that choose to use the federal model. The program will provide expanded technical assistance and training, legal advice, and educational documents.

The third program (total funding $900,000, including $500,000 priority reinvestment) will use contracts and interagency agreements to establish a Federal Agency Drug-Free Workplace Coordinating Council that builds on the experience of the SAMHSA-chartered Drug Testing Advisory Board. Improved, formal oversight and cross-agency collaboration is vital to ensure integration of new prevention and early intervention, employee assistance, treatment, and education programs and related drug testing technologies into the 121 current federal agencies. The goal includes reaching federally regulated industries, as well as non-mandated public and private sector employers choosing to follow the federal drug-free workplace model.

Anticipated outcomes include: decreased numbers of youth and young adult individuals with current drug or alcohol abuse problems entering into participating workplaces, especially in high risk occupations and in small workplaces; increased percent of total workplaces participating in health, wellness, substance abuse prevention and early intervention programs, and providing early support for youth and young adults transitioning into their workforces; and increase in percent of federal agencies implementing evidence-based prevention and early intervention programs for their workforces. CSAP and its partners also expect increased numbers of evidence-based workplace programs to be registered with NREPP, and replicated in federal, State and privately funded work settings.

Targeted Capacity Expansion

Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) in Minority Communities: Service Grants ($16.5 million)

CSAP's Minority Substance Abuse Prevention and HIV Prevention Program supports effective, integrated SAP and HIV prevention for youth and other at-risk populations in minority communities. Community-based and faith-based organizations are eligible to receive funding under this program, along with national organizations, colleges and universities, clinics

and hospitals, research institutions, and tribal government and tribal/urban Indian entities and organizations. This program seeks to increase the availability of integrated SAP and HIV prevention services for youth and other at-risk populations in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities, which have traditionally been underserved or unserved. This program is in response to the need for client-centered, community-based approaches to address the HIV epidemic. It is designed to increase prevention services capacity in minority communities, which are disproportionately impacted by HIV disease.

Specific activities under this grant program are selected by the grant applicants based on local needs. Funding activities include: adding integrated substance abuse prevention and HIV prevention services to existing youth services; adding and integrating new substance abuse prevention services into existing HIV-related services; adding and integrating new HIV prevention services into existing substance abuse prevention services; increasing or enhancing existing integrated SAP and HIVP services; and increasing access to existing or proposed services. All services must be accessible to and appropriate for the target population, as well as culturally competent, language and age-appropriate, and based on scientific evidence of effectiveness. In FY 2002, this program approach resulted in an increase from one to 47 in the number of service programs that integrated SAP and HIVP services in specific minority communities.

In FY 2003, the HIV program focused on five-year projects with the first year for a comprehensive planning process. These grants are intended to improve the effectiveness of substance abuse prevention and HIV prevention services by coalescing resources, networking and strengthening the scientific basis, community relevance and population-based or risk-based focus of these interventions. The subsequent four years are for implementation and evaluation. In 2004, CSAP will continue this five-year model, and will fund up to 40 new five-year awards for a total priority reinvestment of $16.5 million.

Opportunities with Center for Mental Health Services

Projects for Assistance in Transition from Homelessness (PATH)

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101-645) replaced the Mental Health Services for the Homeless Block Grant Program with a new formula grant program, Projects for Assistance in Transition from Homelessness (PATH). This program, established in 1991, continues and expands upon activities of the former Block Grant program. The program primarily supports SAMHSA's Capacity goal by expanding the availability of services to homeless individuals with serious mental illnesses. The program directly supports the Secretary's Initiative as well as SAMHSA's Homelessness priority area.

PATH is designed to provide community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. PATH is a formula grant program to States and U.S. Territories to provide (through local governmental entities or private nonprofit organizations) support services including outreach, screening and diagnostic treatment, community mental health services, alcohol and drug treatment, supervisory services in a residential setting, and referrals to other needed services.

The formula calculates State allotments based on the population living in urbanized areas. These population data are updated after each census. This program requires matching funds of $l to every $3 of federal funds. In FY 2000, State and local matching funds were more than three times the required amount. PATH programs have been highly successful in targeting assistance to persons who have the most serious impairments.

Accomplishments

Existing funds will support grants to link hard-to-reach persons who are homeless with mental health treatment and housing, regardless of the severity and duration of their illness. As a result of FY 2000 funding, program findings show that:

- Forty-two percent of individuals recently contacted became enrolled in mental health services; and
- Eighty-eight percent of the participating agencies provided outreach services.

The most recent program data indicate that 399 local agencies and/or counties utilized FY 2000 PATH funding. Adults in the age range 18-64 comprised 95 percent of the clients enrolled in services. Thirty-two percent were African-American; nine percent were of Hispanic origin. Forty-eight percent had been homeless for more than 30 days. Clients receiving PATH-funded services reach individuals with some of the most disabling mental disorders. For the States reporting diagnostic information, the most common diagnoses were schizophrenia and other psychotic disorders (42%), followed by affective disorders (40%) including severe depression and bipolar disorder. 53 percent of clients had co-occurring serious mental illness and substance abuse disorders.

Best Practices: Statewide Family Network ($3.4 million)

The Statewide Family Network Program recognizes the importance of family members of children and adolescents with serious emotional disturbances in assuring positive outcomes. It is designed to strengthen coalitions among family members, as well as coalitions between them, policy makers and service providers. The program supports the development of effective Statewide family networks, critical to the integration of families into the planning, design, implementation and evaluation of services.

The goals and objectives of the program are to strengthen organizational relationships by improving the ability of families to participate in State and local mental health planning and policy activities on behalf of their children, to maintain effective working relationships with other State child-serving agencies, and to identify technical assistance needs.

In FY 2002, 3,292 members were involved either in Statewide consumer organizations or Statewide family network activities. An estimated 81 percent of grantees in these two programs had a meaningful impact on mental health policy.
Grantees have:

(1) increased family member representation on program boards, planning committees, review panels and in advocacy groups;
(2) provided essential training and support, which will prepare family members to function as full and equal partners in the planning, delivery and evaluation of services for their children;
(3) engaged in coalition-building, collaboration and liaison activities with key organizations and agencies;
(4) developed and implemented strategies for assessing the technical assistance needs of family members with the use of questionnaires, surveys, focus groups and meeting evaluations;
(5) actively sought funds from private, public and community foundations and organizations to supplement and replace federal funding.

In FY 2004, a new cohort of approximately 34 grants will be awarded to continue this program.

Best Practices: Knowledge Application Projects ($1.7 million)

In support of the Secretary's initiative on homelessness in FY 2004, CMHS will continue to fund activities that provide training, technical assistance and knowledge dissemination on services for persons experiencing chronic homelessness. Past activities have included: a national training conference on homelessness; workshops on strategic planning and co-occurring disorders; technical assistance materials on employment, discharge planning, housing, and financing of services; and reports that synthesize and describe the lessons learned from CMHS-funded evaluation efforts. Future activities proposed include another major training conference on homelessness, the development of a blueprint to reduce chronic homelessness, and technical assistance materials to support State Policy Academies on Chronic Homelessness.

All descriptions reflect 2004 SAMHSA budget requests for each particular grant area.

Four Standard and Standing SAMHSA Grants

Background and Purpose

For years, SAMHSA has heard from the field that its Requests for Applications (RFAs) and applications process are difficult to understand. The problem is more than just a complicated and lengthy application. In the past, it has been difficult to anticipate the types, nature, and direction of content areas SAMHSA will be funding. In order to be more responsive to the field and clearer in publicizing its priorities for the year, SAMHSA is changing how it will announce and solicit applications for its discretionary grants. SAMHSA will issue four standard and standing grant announcements—as opposed to more than thirty in years past—that will describe the general program design and provide application instructions for four types of grants:

- Services Grants
- Infrastructure Grants
- Best Practices Planning and Implementation Grants
- Service-to-Science Grants

These standard grant announcements will be posted on SAMHSA's Web page and will be available from SAMHSA clearinghouses on an ongoing basis. These announcements will be used in conjunction with brief Notices of Funding Availability (NOFAs) that will announce the availability of funds for specific grant opportunities each fiscal year (e.g., grants for Substance Abuse and Mental Health Treatment for Homeless People; Statewide Family Networks, or HIV/AIDS and Substance Abuse Prevention Planning).

In the past, SAMHSA has announced individual funding opportunities for 30-40 discretionary grant programs each fiscal year. Each of these programs used a different announcement (RFA) that was unique to the program. Under the new process, announcements and programs will be standardized based on common elements such as purpose, standard of evidence base, award size, eligibility, allowable activities, and review criteria. A Notice of Funding Availability (NOFA) will be used to identify the unique parameters of each program and any exceptions to the standard mechanisms.

While some of the variation in the 30-40 individual grant programs was necessary due to differences in program goals and objectives, much of the variation was unnecessary and significantly limited the ability of potential applicants to anticipate, plan, and lay the groundwork for proposed grant projects. The large number of unique grant announcements published each year also required the allocation of substantial staff resources to the grant announcement development process. These resources can now be redirected to enhance support to grantees, proactively coordinate technical assistance, and engage more frequently with the field.

In October 2002, as a result of a SAMHSA Leadership Meeting, a Discretionary Grants Re-engineering Team (DGRT) of members from each SAMHSA Center was established and charged with developing recommendations for streamlining the process and a plan for implementation. Once approved by SAMHSA's Executive Leadership Team, the DGRT drew upon the expertise of its staff, establishing work groups to fully develop the four standard grant announcements. The resulting four mechanisms were evaluated and published in the Federal Register for consideration by the public. SAMHSA's current grant programs were mapped against the new standard grant announcements and the majority of current programs fit within one of the new four standard announcements. A few current grant programs (e.g., programs providing funds for training and technical assistance) did not fit the standard mechanisms. SAMHSA is considering options to effectively announce programs that do not fit within the standard mechanisms.

The anticipated results of the new discretionary grants process are:

- A more coherent agency mission and policy that is transparent to the field;
- The development of field-ready and useful grant programs tailored to the agency's mission;
- Better collaboration across and within SAMHSA's three Centers-e.g.; co-occurring disorders;
- More efficient and effective use of agency staff resources that can be re=directed to further support grantees; and
- Improved service to the substance abuse and mental health fields.

The primary goal of this effort is to increase the field's ability to anticipate funding opportunities and program requirements, and therefore, be better prepared to plan and prepare for proposed grant projects—resulting in more thorough applications.

SAMHSA plans to provide the field with advance information about expected funding opportunities in two ways. First, as in the past, the agency will publish a "Snapshot"—a compilation of anticipated fiscal year funding opportunities. The "Snapshot" will be published in the Federal Register and on the SAMHSA Web site, www.samhsa.gov. Secondly, SAMHSA will issue Notices of Funding Availability (NOFAs), which will announce the availability of funds for specific grant opportunities. Individual NOFAs will be published in the Federal Register, on the Federal grants Web site, www.grants.gov, and on the SAMHSA Web site, www.samhsa.gov.

SAMHSA is not changing the way it addresses the needs of specific populations in its grant programs. SAMHSA will continue to address the needs of various populations (e.g., homeless, children, women and youth) as it has in the past. In its new approach to announcing and soliciting applications for its discretionary grants, SAMHSA will announce the population(s) to be targeted in the Notice of Funding Availability (NOFA) that will link an applicant to one of the four new standard grant announcements. Currently, SAMHSA addresses the needs of specific populations via stand-alone grant announcements.

The Notices of Funding Availability (NOFAs) will explicitly state which of the four standard SAMHSA grant announcements—Services Grants, Infrastructure Grants, Best Practices Planning and Implementation Grants, and Service-to-Science Grants—to which the funding opportunity connects. Applicants will need to have both the NOFA and the appropriate standard announcement to prepare an application.

Past applicants for SAMHSA grant programs will notice significant formatting differences between the new standard announcements and previous SAMHSA grant announcements. For example, the headings for the different sections of the grant announcements have changed. These formatting differences reflect a new, mandatory outline for all Federal grant announcements and are not related to the new approach to SAMHSA's grant announcements. The formatting changes are part of a Federal government-wide effort to make it easier for applicants to apply for Federal financial assistance. SAMHSA endorses this government-wide effort and notes that all information previously provided in SAMHSA grants announcements is provided in the new announcements, just in a different location or under a different heading.

SAMHSA plans to re-evaluate the four standard announcements annually; however, because this is a new process, it is possible that during the phase-in period, important changes may need to be made as a situation arises. SAMHSA will date each version of each of the standard announcements, and the Notices of Funding Availability (NOFAs) will refer applicants to the current version. Modified versions will be available immediately on the SAMHSA Web and at SAMHSA's clearinghouses.

If applicants do not choose to implement a service/practice considered by SAMHSA to have met the standard for effectiveness, applicants can indicate whether the evidence base for the proposed services/practice includes scientific studies published in the peer-reviewed literature, other studies not published in the peer-reviewed literature, and/or 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, applicants can describe the extent to which the services/practice

have been evaluated and the quality of the evaluation studies (e.g., whether they are descriptive, quasi-experimental studies or experimental studies). If the evidence base includes formal consensus processes involving recognized experts in the field, applicants can describe the experts involved in the consensus development activity related to the proposed services/practice (e.g., members of an expert panel formally convened by the National Institutes of Health, the Institute of Medicine or other nationally recognized organizations, or members of an informal group of experts, such as faculty at a leading research institution).

The Substance Abuse and Mental Health Service Administration, a public health agency within the U.S. Department of Health and Human Services, is the leading federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States. Information on SAMHSA's programs is available on this Web site: www.samhsa.gov.

Block and Formula Grants

Center for Faith-Based and Community Initiatives
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Temporary Assistance for Needy Families (TANF)

Background and Purpose

The Temporary Assistance for Needy Families (TANF) Program was created by the Welfare Reform Law of 1996 (the Personal Responsibility and Work Opportunity Reconciliation Act or PRWORA). TANF became effective July 1, 1997, and replaced what was commonly known as welfare: Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs.

The TANF statute includes Charitable Choice, a legislative provision designed to remove unnecessary barriers to the receipt of certain Federal funds by faith-based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under TANF, as long as the programs are implemented in a manner that is consistent with the First Amendment.

How Funds May Be Used

Federal funding for TANF is available to States in the form of a block grant. TANF funds are flexible and are generally used for assistance and work opportunities for low-income, eligible families. For information on how the funds are used in your community, contact the TANF agency in your state.

Fiscal Year 2004 Appropriation: Information on funding for Fiscal Year 2004 will be available soon.
Fiscal Year 2003 Appropriation: $16.5 billion
Sponsoring Federal Agency: Office of Family Assistance: http://www.acf.hhs.gov/programs/ofa/
TANF Charitable Choice Regulations: http://www.hhs.gov/fbci/finalTANF_ccregs.html (PDF)
Information for States about TANF: "A Guide to Funding Services for Children and Families through TANF": www.acf.hhs.gov/programs/ofa/funds2.htm
Where's my state contact?
http://www.acf.dhhs.gov/programs/ofa/hs_dir2.htm

Federal Contact Information:
Robert Shelbourne
Director, State TANF Policy
202-401-5150

Community Services Block Grant (CSBG)

Background and Purpose

The Community Service Block Grant (CSBG) is a formula grant that provides funds to States, Territories, as well as federally and State-recognized Indian Tribes/Tribal organizations, so they may provide supportive services and activities to assist low-income individuals and families to become self-sufficient. Typically, States fund these services by making sub-grants to locally-based Community Action Agencies and other eligible entities that provide services to low-income individuals and families.

The amended legislation for CSBG includes Charitable Choice, a legislative provision designed to remove unnecessary barriers to the receipt of certain federal funds by faith-based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under CSBG, as long as the programs are implemented in a manner that is consistent with the First Amendment.

How Funds May Be Used

Grantees use the funds to support a variety of services that help low-income people. Services typically assist with child care, employment, education, emergency services, health care, housing, nutrition, transportation, youth development, and coordination of resources and community participation.

Fiscal Year 2004 Appropriation: Information on funding for Fiscal Year 2004 will be available soon. For information on how the funds are used in your community, contact the CSBG agency in your state.
Fiscal Year 2003 Appropriation: $635,561,383
Sponsoring Federal Bureau: Office of Community Services: http://www.acf.hhs.gov/programs/ocs/
CSBG Charitable Choice Regulations: http://www.hhs.gov/fbci/finalCSBG_ccregs.html (PDF)
CSBG State program contacts: http://www.acf.dhhs.gov/programs/ocs/csbg/documents/8b.htm

Federal Contact Information:
Bryant Tudor
202-401-5535
btudor@acf.hhs.gov

Brandy RayNor-Hill
202-205-5926
BrayNor@acf.hhs.gov

Child Care and Development Fund (CCDF)

Background and Purpose

The Child Care and Development Fund (CCDF), authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, is a block grant that goes directly to States to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work, attend training, or go to school.

Some of the CCDF funds are used for child care research. Certain percentages of the funding also goes to technical assistance to States, Territories, and Tribes administering the Child Care and Development Fund, and to quality activities to improve the quality of child care and offer additional services to parents.

The majority of the funding goes to subsidize child care according to the guidelines set by each State. Typically these subsidized child care services are available to eligible families through certificates or contracts with providers. Families may apply for child care vouchers at the local office of the State agency that administers the funds and may use their voucher at any legally operating child care provider of their choice. Child care providers serving children funded by CCDF must meet basic health and safety requirements set by States and Tribes.

Fiscal Year 2004 Appropriation: Information on funding for Fiscal Year 2004 will be available soon. For information on how the funds are used in your community, contact the TANF agency in your state.

Sponsoring Federal Bureau: Administration on Children, Youth, and Families Child Care Bureau
http://www.acf.hhs.gov/programs/ccb/geninfo/index.htm

National Child Care Information Center (NCCIC):
Answers questions and provides free information resources. Offers information on faith-based child care initiatives, funding sources, licensing regulations, and program start-up to assist the faith-based community. Includes a listing of State Child Care Administrators.
1-800-616-2242
http://www.nccic.org/poptopics/faithbased.html

State Child Care Profiles: http://www.nccic.org/statepro.html

"What Congregations Should Know About Federal Funding for Child Care" Brochure:
http://www.acf.hhs.gov/programs/ccb/providers/faithbased.htm

Child Care Aware (CCA):
Operates a national toll-free information line and Web site providing child care information and other parenting resources to families in both English and Spanish. Connects families to local child care experts–child care resource and referral (CCR&R) center, that assist families in finding, selecting, and paying for child care and other parenting needs.
1-800-424-2246
www.ChildCareAware.org

Federal Contact:
Moniquin Huggins
202-690-8490
mhuggins@acf.hhs.gov

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Background and Purpose

The SAPT Block Grant program is the cornerstone of States' substance abuse programs. Based on a recent review of State data from the 2002 block grant applications, it has been determined that for 1999, the SAPT Block Grant accounted for approximately 40 percent of public funds expended for prevention and treatment. Twenty-two States reported that greater than 50 percent of their total funding for substance abuse prevention and treatment programs came from the Federal block grant. Eleven States reported block grant funding at greater than 60 percent of the total spent, while seven States reported over 70 percent. As part of the President's Drug Treatment Initiative, level funding for the SAPT Block Grant will provide approximately $1.8 billion to States and Territories for distribution by formula.

The amended legislation for the SAPT Block Grant includes Charitable Choice, a legislative provision designed to remove unnecessary barriers to the receipt of certain federal funds by faith-based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under certain federal grant programs, as long as the programs are implemented in a manner that is consistent with the First Amendment.

How Funds May Be Used

CSAT provides leadership in bringing together State partners and the treatment community. More information on how these resources can be applied for, and granted to, local and community-based organizations should be available by contacting your State's Single State Authority for Substance Abuse: http://www.whitehousedrugpolicy.gov/statelocal/appndx3.html

FY 2004 Estimate: $1,785,000,000
SAMHSA Charitable Choice Regulations: http://www.hhs.gov/fbci/finalSAMHSA_ccregs.pdf
Contact Information:
Anne Herron
301-443-7541

John Campbell
301-443-9299

Projects for Assistance in Transition from Homelessness (PATH) Formula Grant

Background and Purpose

The purpose of this program is to provide financial assistance to States to support services for individuals who are suffering from serious mental illness and substance abuse, and are homeless or at imminent risk of becoming homeless. Programs and activities include:

(1) Outreach services;
(2) Screening and diagnostics treatment services;
(3) Habitation and rehabilitation services;
(4) Community mental health services;
(5) Alcohol or drug treatment services;
(6) Staff training;
(7) Case management services;
(8) Supportive and supervisory services in residential settings;
(9) Referrals for primary health services, job training, educational services, and relevant housing services; and
(10) Prescribed set of housing services.

The revised legislation for the Public Health Act includes a new regulation called Charitable Choice that applies to the PATH program. Charitable Choice is a legislative provision designed to remove unnecessary barriers to the receipt of certain federal funds by faith-based organizations. The provision prohibits States from discriminating against religious organizations when choosing providers under certain federal grant programs, as long as the programs are implemented in a manner that is consistent with the First Amendment.

How Funds May Be Used

This is a formula grant program. Application is made to the State agency responsible for managing the funding under this program. To see your State's PATH contact, please visit: http://www.pathprogram.samhsa.gov/contacts/default.asp

Fiscal Year 2004 Estimate: $50,055,000
PATH Program Web site: http://www.pathprogram.samhsa.gov/
SAMHSA Charitable Choice Regulations: http://www.hhs.gov/fbci/finalSAMHSA_ccregs.pdf
Contact Information:
Dorrine Gross
(301) 443-3706
dgross@samhsa.gov

Freedom of Information Act (FOIA)

Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS

How to Make a Freedom of Information Act (FOIA) Request to the ACF

In accordance with the Freedom of Information Act (FOIA) and the HHS Freedom of Information Regulations (45 CFR Part 5), the public may request information from HHS, including requests for successful grant applications. The requester will be required to cover any costs incurred in fulfilling the request.

To make a FOIA request:

1. Submit your request in writing, by postal service, facsimile, or messenger to the ACF FOIA point of contact:
   Rosario Cirrincione
   ACF FOIA Point of Contact:
   Room 645-F, Hubert H. Humphrey Building
   200 Independence Ave. SW
   Washington, DC 20201
   Telephone: 202-690-7453; Fax: 202-690-8320

2. Include your postal address and the name of the person responsible for paying any fees that may be charged.

3. Include a phone number where HHS can reach you to get clarification of the request or resolve other issues concerning the request.

4. Write "Freedom of Information Act Request" on the envelope and on the letter. Your letter should include as many details as possible to help HHS identify and locate the records you want. Vague requests or requests for numerous documents may not only be costly to you, but also may take longer to fulfill. If you are not sure how to write your request or what details to include, contact the ACF Freedom of Information Act Officer. Providing the request in writing assures all rights provided by FOIA and these regulations are protected (for example, the right to administratively appeal any denials we may make and the right to have our decisions reviewed in Federal court). See the Administration for Children and Families FOIA information page at http://www.acf.hhs.gov/foia.html for more information.

How to Make a Freedom of Information Act (FOIA) Request to HRSA

HRSA's documents include those produced for public dissemination and others that result from day-to-day agency operations. This guide will assist you in obtaining these documents either directly or through a Freedom of Information Act (FOIA) request.

Obtaining Information Through FOIA

Any individual may submit a FOIA request to HRSA by mail, fax, e-mail or in person. The request must be in writing. Telephone requests cannot be processed.

Making a written FOIA request by mail is easy. You do not need a form. Mark both the envelope and its contents: "FREEDOM OF INFORMATION ACT REQUEST." Do not include a return envelope. Address or fax your request to:

Health Resources and Services Administration
Office of Communications
Freedom of Information
5600 Fishers Lane, Rm. 14-15
Rockville, Maryland 20857
fax: (301) 480-5285
e-mail: foia@hrsa.gov

In your request, identify the record(s) you want. If you do not know the exact title, describe the record as specifically as possible. The more details you provide, such as author, title, date, subject matter, and location, the better. A vague or incomplete description could delay our response or prevent us from finding the records you want. We may ask you to clarify your request if necessary. FOIA staff will log your request, assign a tracking number to it and send you a letter acknowledging receipt of your request. This number is important to you because it will enable HRSA to check the status of your request.

FOIA Fees

FOIA authorizes HRSA to assess the following three levels of fees: search fees, review fees and photocopying fees. The fees that HRSA assesses for a given request, however, are based upon the category of FOIA requester.

Fee Categories

For fee purposes, the FOIA requires that requesters be placed in one of the following three categories:

(1) Commercial use requesters;
(2) Educational and scientific institutions and news media, and
(3) All others.

In line with FOIA, we charge commercial use requesters the costs of search, review and duplication associated with processing requests. HRSA charges scientific, educational and news media requesters the cost of duplication only, except that HRSA provide the first 100 pages free of charge. HRSA charges all other requesters the costs of search and duplication, except that the first two hours of search and the first 100 pages of duplications are free of charge. You will be billed only if the total processing charges are $25 or more.

HRSA assumes that you are willing to pay the fees HRSA charges for processing your request. In your letter of request, you may specify the fee category in which you feel your request falls. You also may state the maximum amount of fees that you are willing to pay.

Fee Waivers

The FOIA permits agencies to waive fees if disclosure of the record(s) is in the public interest because it:

(a) Is likely to contribute significantly to public understanding of the operations or activities of the government; and
(b) Is not primarily in the commercial interest of the requester.

If you believe your request meets both of the above tests, you can request a waiver or reduction of fees when you make your FOIA request. Be sure to fully document and justify your waiver request.

How We Process Your Request

HRSA tries to handle your request within 20 working days from the date HRSA received it. Sometimes it may take longer depending on the kind of record(s) you request and the number of requests ahead of yours. FOIA requests are processed on a "first in" "first out" basis. The guidelines HRSA follows in processing your FOIA request are detailed in HHS' implementing Public Information Regulations, 45 CFR Part 5.

Expedited Process

HRSA provides expedited processing when disclosure of the records is necessary because of a compelling need. This is the case when the requester:

(1) demonstrates an imminent threat to life or physical safety; and
(2) is a member of the media and demonstrates urgency to inform the public concerning actual or alleged government activity. HRSA will also expedite your request if you show that the requested records are needed to meet a deadline in litigation or a deadline imposed by a governmental agency for commenting on a proposed regulation.

If you would like your request expedited, please explain your reasons in your FOIA request.

Denials and Appeals

If a record is determined to be exempt from release under the FOIA, in whole or in part, HRSA will provide written notification to you of this decision. We will explain our reason(s) for withholding the record/information and describe how you may file an appeal. Any administrative appeal decision that upholds a denial will inform you of the basis for the denial and of your right to judicial review in Federal courts.

How to Make a Freedom of Information Act (FOIA) Request to SAMHSA

In accordance with the Freedom of Information Act (FOIA) and the HHS Freedom of Information Regulations (45 CFR Part 5), the public may request information from HHS, including requests for successful grant applications. The requester will be required to cover any costs incurred in fulfilling the request.

To make a FOIA request:

You may request SAMHSA documents/records directly from the SAMHSA site, www.samhsa.gov. To make a request, please send SAMHSA an email at foia@samhsa.gov.

In case SAMHSA needs to contact you with questions about your request, please be sure to include:

- Your mailing address;
- A phone number or e-mail address; and
- Subject of the request.

Fee Charges

For fee purposes, the Freedom of Information Act (FOIA) requires that requesters be placed in one of three categories:

(1) Commercial-use requesters;
(2) Educational and scientific institutions, and news media;
(3) All others. In line with FOIA, SAMHSA charges commercial-use requesters the costs of search, review and duplication associated with processing requests. SAMHSA charges scientific, educational, and news media requesters the cost of duplication only, except that SAMHSA provides the first 100 pages free of charge. SAMHSA charges all other requesters the costs of search and duplication, except that the first two hours of search and the first 100 pages of duplications are free of charge. You will be billed only if the total processing charges are $25 or more.

SAMHSA assumes that you are willing to pay the fees SAMHSA charges for processing your request. In your letter of request, you may specify the fee category in which you feel your request falls. You also may state the maximum amount of fees that you are willing to pay.

Fee Waivers

The FOIA permits SAMHSA to waive fees if disclosure of the record(s) is in the public interest because it:

(a) Is likely to contribute significantly to public understanding of the operations or activities of the government; and
(b) Is not primarily in the commercial interest of the requester. If you believe your request meets both of the above tests, you can request a waiver or reduction of fees when you make your FOIA request. Be sure to fully document and justify your waiver request. Online Information Resources: The Substance Abuse and Mental Health Services Administration FOIA information page: http://www.samhsa.gov/foia/content/foia_main.html

Grant Reviewer

Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS

How to Become an ACF Grant Reviewer

ACF needs qualified individuals to review and score grant applications. Typically, this requires reviewers to spend a week in the Washington, DC area. ACF covers expenses and offers a stipend. Serving as a grant reviewer is a great way to find out about ACF programs, gain insight into effective application writing, and meet interesting people!

Grant reviews for many programs and program offices at ACF only happen a few times a year; therefore, reviewers are only needed periodically. If you would like to review for a certain program, check the web site for that program on a regular basis for updated information on reviewer opportunities. You may also wish to sign up for the HHS Center for Faith-Based and Community Initiatives (CFBCI) listserv (http://list.nih.gov/cgi-bin/wa?SUBED1=faith_based_initiative&A=1), and to check the CFBCI Web site (http://www.hhs.gov/fbci/) regularly to find out about review opportunities.

ACF program offices listed below, invite potential reviewers to sign up throughout the year.

- Child Care Bureau: http://www.acf.hhs.gov/programs/ccb/
- Children's Bureau: http://www.acf.hhs.gov/programs/cb/
- Family and Youth Services Bureau: http://www.acf.hhs.gov/programs/fysb/
- Head Start Bureau: http://www.acf.hhs.gov/programs/hsb/

To apply to become a grant reviewer for the above four ACF programs, please go to: http://www.acf.hhs.gov/programs/grantreview

To apply to become a grant reviewer for the Office of Community Services (http://www.acf.hhs.gov/programs/ocs/), which administers the Compassion Capital Fund program, the IDA program, Community Food and Nutrition program, and the Community Economic Development Program, go to: http://grantreview.net/.

How to Become a HRSA Grant Reviewer

HRSA needs new and experienced grant reviewers with expertise in health professions training, HIV/AIDS, maternal and child health, organ transplantation, primary care for underserved people, and rural health. Grant reviewers help HRSA select the best programs from competitive groups of applicants. Reviewers use their expertise and judgment to objectively evaluate and score applications against published evaluation criteria. Reviewers also gain understanding of the grant-making process while enjoying the opportunity to network with colleagues.

HRSA grant reviews usually are held in the Washington, DC metropolitan area and last for 3 to 5 days. Some reviews are conducted by teleconference or across the Internet. HRSA makes all logistical arrangements and pays for travel expenses and other costs. Each reviewer receives an honorarium.

To apply to be a HRSA Grant Reviewer, send your curriculum vitae or resume as an attachment to an e-mail message with the subject line "Grant Reviewer Applicant" to: PeerReviewers@hrsa.gov. Please include in your message:

- Previous grant review experience;
- Your particular area of interest; and
- Any specific HRSA programs for which you are interested in serving as a reviewer, for example, HRSA-04-010, Advanced Education Nursing.

If you prefer to apply on paper, send your CV or resume and cover letter to:

HRSA Division of Independent Review
Parklawn 11A-22
5600 Fishers Lane
Rockville, MD 20857

Reviewers are chosen for specific grant programs based on their knowledge, education and experience. Grant review panels are selected to reflect diversity of ethnicity, gender, experience and geography. If you are selected to be a HRSA grant reviewer, HRSA will notify you by e-mail and/or mail, and provide an overview of the process.

How to Become a SAMHSA Grant Reviewer

The three centers of the Substance Abuse and Mental Health Services Administration (SAMHSA) are seeking professionals to evaluate applications for Federal grants. Applications will be accepted at any time. However, if you wish to be considered for the FY 2004 grant cycle, applications must be received by June 30, 2004. Persons who have previously served as SAMHSA grant reviewers do not need to resubmit.

SAMHSA reviewers must have related program experience and education, be able to analyze grant applications effectively against specific criteria, be able to express their evaluation clearly in writing, and be interested in contributing to the advancement of knowledge. Specifically, the agency is interested in reviewers with the following specific program experience and knowledge:

- Individuals with background in mental health services and knowledge of community-based systems of care and services for adults with serious mental illnesses and children with serious emotional disturbances.
- Individuals with background and knowledge of substance abuse prevention, who have expertise or experience in working with activities that discourage substance abuse and behaviors increasing the risk of substance abuse.
- Individuals with expertise in evidence-based, effective substance abuse treatment services, programs and activities.

Grant reviewers gain many skills out of their experience such as an understanding of the grant-making process, an opportunity to network with colleagues, and a chance to exercise professional judgment and expertise.

To apply to become a SAMHSA grant reviewer, please visit: http://www.samhsa.gov/grants/emailform/index.asp. Applicants may apply online, by email, or by regular mail.

Reviewers are chosen for particular grant programs, based on their knowledge, education and experience. Applicants being considered to serve as reviewers will receive a telephone call to explain their review responsibilities.

Important Web Sites

Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS

Important Web Sites

Faith-Based and Community Initiative Information

- The White House Office of Faith-Based and Community Initiatives: www.fbci.gov
- HHS Center for Faith-Based and Community Initiatives (CFBCI): www.hhs.gov/fbci
  Address:
  US Department of Health and Human Services, CFBCI
  200 Independence Ave, SW, Room 120-F
  Washington, DC 20201
  202-358-3595 (phone); 202-401-3463 (fax)
- ACF Faith-Based and Community Initiatives Web site: http://www.acf.hhs.gov/programs/fbci/ - Lists grants programs relevant to faith-based and community groups.
- HRSA Faith-Based and Community Initiatives Web site: http://www.hrsa.gov/faith/

Grant Opportunities

- The White House Office of Faith-Based and Community Initiatives Grants Guide: http://www.whitehouse.gov/government/fbci/grants-catalog-index.html - List of grants available across the Federal government.
- Grant information, including program announcements, is available at each of the HHS agencies. (See web sites listed above.)
- CFBCI Listserv: http://list.nih.gov/archives/faith_based_initiative.html - Informs participants of daily grant opportunities, conferences, research and other news and information.

Other Grants Resources

- HHS GrantsNet Web site: http://www.hhs.gov/grantsnet/ - Explains the HHS grants process.
- Catalog of Federal Domestic Assistance (CFDA): http://www.cfda.gov/ - The catalog of all Federal grant programs.
- CFDA Guide to Applying for Federal Assistance: http://www.cfda.gov/public/cat-applying.htm
- CFDA Guidance to Developing and Writing a Grant Proposal: http://www.cfda.gov/public/cat-writing.htm
- Federal Register: http://www.gpoaccess.gov/fr/index.html - Publishes all program announcements, which announce Federal grant opportunities.

Technical Assistance Resources (Including Opportunities through the ACF Compassion Capital Fund (CCF) Intermediaries

- SAMHSA's Grant Writing Manual: http://www.samhsa.gov/faithbased/index.html
- Compassion Capital Fund (CCF) National Resource Center: http://www.acf.hhs.gov/programs/ccf/ - Along with information about CCF grantees, this site also features capacity-building resources, technical assistance, and sub-award opportunities available through the CCF intermediaries.
- FBCI Conferences sponsored by the White House Office: http://www.dtiassociates.com/fbci/
- White House Office of Faith-Based and Community Initiatives Technical Assistance list: http://www.whitehouse.gov/government/fbci/technical-assistance.html

Other Resources

- "Guidance to Faith-Based and Community Organizations on Partnering with Federal Government": http://www.whitehouse.gov/government/fbci/guidance/index.html
- "Protecting the Civil Rights and Religious Liberty of Faith-Based Organizations: Why Religious Hiring Rights Must be Preserved": http://www.whitehouse.gov/government/fbci/booklet.pdf
- "What Congregations Should Know About Federal Funding for Child Care": http://www.acf.hhs.gov/programs/ccb/providers/faithbased.htm.
- DUNS number requirements: http://www.hhs.gov/fbci/NewOMBRequirement.doc
  Please direct further questions to:
  Sandra Swab
  Office of Federal Financial Management, Office of Management and Budget
  725 17th St., N.W.
  Washington, DC 20503
  202-395-5642
  sswab@omb.eop.gov

Sample Program Announcement – Abstinence Education Program:
http://frwebgate5.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=560209362240+0+0+0&WAISaction=retrieve

SAMHSA's Single State Agency (SSA) Directory:
http://www.whitehousedrugpolicy.gov/statelocal/appndx3.html