

Catch the BIG Grant

SIREN / SAMHSA Grant Application Training



Dave Hansher (BSA, CCP)
Arren Quigley (BSBM, EMT)
Bruce Evans (MPA, NRP, CFOD, SPO)

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Disclosures

Financial –
None

Non-Financial –
Members of NAEMT

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Register

1 – DUNS number

<http://www.dnb.com>

2 – System for Award Management

<http://www.SAM.gov>

3 – Grants.gov

<http://www.grants.gov/web/grants/register.html>

4 – eRA Commons

https://era.nih.gov/reg_accunts/register_commons.cfm



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SIREN Act

SAMHSA

Substance Abuse and Mental
Health Services Administration

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Grant Name	Rural EMS Training
Eligibility	<ul style="list-style-type: none"> • Rural EMS agencies operated by local or tribal government • Non-profit emergency medical service agencies
Cost Sharing	None
Award Amount	Up to \$200,000
Award Term	Up to one year

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Purpose:	Recruit and train EMS Personnel in rural areas.
Key Personnel:	Project Director https://www.samhsa.gov/sites/default/files/era-commons-roles-matrix-descriptions-samhsa.pdf
Other Expectations:	<ul style="list-style-type: none"> • Project implemented in a Rural area • Indirect Cost not more than 8%
Project Performance Assessment:	<ul style="list-style-type: none"> • Mid-Year Report • End of Grant Year Report
Allowable Activities	
1	Recruit and train EMS personnel
2	Develop new ways to educate emergency health care providers through the use of technology-enhanced education methods
3	Acquire personal protective equipment for emergency medical services personnel as required by OSHA

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Required Activities

- | | |
|---|---|
| 1 | Train EMS Personnel as appropriate to maintain licenses and certifications relevant to serve in an EMS agency |
| 2 | Conduct courses that qualify graduates to serve in an EMS agency |
| 3 | Fund specific training to meet Federal or State licensing or certification requirements |
| 4 | Ensure EMS Personnel are trained on mental and substance use disorders and care for people with such disorders in emergency situations |
| 5 | Acquire emergency medical services equipment |
| 6 | Purchase and train EMS Personnel on the use of the opioid overdose antidote, naloxone , to utilize in case of opioid overdose emergency situations |

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Data Collection & Performance Measures pt 1

- | | |
|---|---|
| 1 | The number of EMS personnel recruited |
| 2 | The number of EMS personnel trained |
| 3 | The number of EMS personnel who became licensed/certified as a result of funding |
| 4 | The number of courses offered/conducted that qualify graduates to serve in an EMS agency |
| 5 | The number of courses on mental and substance use disorders offered |
| 6 | The number of specific trainings funded out of this grant to meet Federal or State licensing or certification requirements |
| 7 | The number of technology-enhanced educational methods developed to educate EMS Providers |
| 8 | The application of training to change EMS Practice |

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- SF-424 - Form
- Project Narrative and Supporting Documentation
 - Section A – Population of Focus and Statement of Need (1 pg/15 pts)
 - Section B – Proposed Implementation Approach (5 pg/40 pts)
 - Section C – Staff and Organizational Experience (2 pg/25 pts)
 - Section D – Data Collection and Performance Measurement (2 pg/20 pts)
 - Supporting Documentation
 - Biographical Sketches
 - Position Descriptions
- BNF - Budget Justification and Narrative
- Attachments:
 - 1 – Letters of Commitment
 - 2 – Data Collection Instruments/Interview Protocols
 - 3 – Sample Consent Form
 - 4 – Letter to the SSA (If applicable in your state)
 - 5 – Signed Statement of Assurance
 - 6 – Response to ‘Confidentiality and SAMHSA Participation Protection/Human Subjects Guideline’

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SF-424 & SF-424A

Application for
Federal
Assistance

Budget Information for
Non-Construction
Programs

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Project Narrative and Supporting Documentation

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Population of Focus
and Statement of
Need
(1 pg./15 pts)

Proposed
Implementation
Approach
(5 pg./40 pts)

Data Collection &
Performance
Measurement
(2 pg./20 pts)

Staff &
Organizational
Experience
(2 pg./25 pts)

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**Supporting Documentation –
Biographical Sketches
Position Descriptions**

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**Budget Narrative
Form (BNF)
Spreadsheet**

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FEDERAL REQUEST -Supplies Narrative		
Item(s)	Rate	Cost
1. Supply 1	\$ 36	\$ 36
2. Supply 2	\$ 200	\$ 200
3. Supply 3	\$ 2,600	\$ 2,600
4. Copies	10000 copies x .10/copy	\$ 1,000
5. General Office Supplies	\$50/mo. x 12 mo.	\$ 600
16. Naloxone	\$37.50/dose x 100 doses	\$ 3,750
17. Supply 17	\$7/test x 100	\$ 700
18. Supply 18	\$ 650	\$ 650
FEDERAL REQUEST (enter in Section B column 1, line 6e of SF-424A)		\$ 9,536

Justification for Supplies

1. Supply 1 is needed to **describe why**.

2. Supply 2 is needed to **describe why**.

3. Supply 3 is needed to **describe why**.

4. Supply 4 is needed to **describe why**.

5. Supply 5 is needed to **describe why**.

16. Naloxone is needed to meet the objective for purchasing and training personnel in opioid overdose and naloxone administration. Estimate based on market rate at time of grant application.

17. Supply 17 is needed to **describe why**.

18. Supply 18 is needed to **describe why**.

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Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

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Attachment 1

Letters of Commitment

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SAMPLE TEMPLATE -LETTER OF COMMITMENT

On Letterhead of Partnering Organization

Insert date

*Project Director Applicant Organization
City, State*

Dear Project Director,

[Optional short introduction of the partnering organization]. Include information about how long and in what capacity the partnering organization has worked with the applicant organization.

*We commit to participating in and supporting the 2018 application to SAMHSA entitled *Project Title*, for the time period of *[include dates of commitment within proposed project period]*.*

We will provide the following services for the proposed project:

Describe how the partnering organization will commit to being involved in the project, including its roles and responsibilities.

*The individuals and our organization agree to work collaboratively with *Name of Applicant Organization* to insure our goals are in alignment with the goals of the proposed project, including efforts to track and report on outcomes. We believe that the proposed project will contribute to *how the proposed project will positively impact the state/community/clients*.*

Sincerely,

Signature of AR

Name of AR (Authorized Representative)

AR's Title (e.g., Executive Director)

Address and telephone number if that information is not on the letterhead.

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Attachment 2
Data Collection Instruments
/Interview Protocols

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Attachment 3
Sample Consent Form

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**Attachment 4
Letter to the SSA**

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**Attachment 5
Signed Statement of
Assurance**

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**Attachment 6
Confidentiality and SAMHSA
Participation Protection/Human
Subjects Guideline**

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Project Abstract

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Developing a Competitive SAMHSA Grant Application

<https://www.samhsa.gov/sites/default/files/developing-competitive-samhsa-grant-application-12122019.pdf>

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References:

- Slide 1 <https://www.ameede.com/ocean-fishing-by-tourist-boat/>
- Slide 3 <https://www.ameede.com/ocean-fishing-by-tourist-boat/>
- Slide 4 <https://www.publicdomainpictures.net/pictures/60000/velka/ducks-in-a-row.jpg>
- Slide 5 Microsoft Edge logo used under Microsoft's Publications, Seminars, & Conferences Guidelines
- Slide 6 <https://www.pexels.com/photo/questions-answers-signage-208494/>
- Slide 7 <https://www.pexels.com/photo/question-mark-illustration-356079/>
- Slide 14 https://apply07.grants.gov/apply/forms/readonly/SF424_2_1-V2.1.pdf
- Slide 14 <https://apply07.grants.gov/apply/forms/readonly/SF424A-V1.0.pdf>
- Slide 20 <https://www.grants.gov/forms/sf-424-family.html>
- Slide 30 https://www.freepik.com/free-vector/flat-design-baby-shark_7431066.htm

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View Burden Statement	OMB Number: 4040-0004 Expiration Date: 12/31/2022
Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
State Use Only:	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
d. Address:	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	
County/Parish: <input type="text"/>	
* State: <input type="text"/>	
Province: <input type="text"/>	
* Country: USA: UNITED STATES <input type="text"/>	
* Zip / Postal Code: <input type="text"/>	

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View Burden Statement
BUDGET INFORMATION - Non-Construction Programs
OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
			Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.			\$	\$	\$	\$	\$
2.							
3.							
4.							
5.	Totals		\$	\$	\$	\$	\$

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1

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Position Descriptions

Title of position – Program Director
Description of duties and responsibilities – The Program Director will handle xxx. This position will also be responsible for xxx.
Qualifications for the position – This leadership position requires a knowledge base of what the program is intending to do, experience in Education, and experience as a leader in an organization.
Supervisory relationships – The Program Director will supervise xxx.
Skills and knowledge required – The Program Director skills and knowledge should include xxx.
Amount of travel and any other special conditions or requirements – The Program Director will be required to travel for meetings with project partners and to visit sites where classes are held as necessary.
Salary range – The annual salary rate for the Program Director is xxx.
Hours per day or week – This project will take xxx hours per week of the Program Director's time.

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ARREN QUIGLEY

EDUCATION

Bachelor of Science (B.S.) Business Management, GPA: 3.85 **Graduated I**
Brigham Young University – Idaho **Rexburg, ID**

WORK EXPERIENCE

Office Administrative Assistant
Ute Pass Regional Health Service District **April 2019 – Present**
Woodland Park, CO

- Wrote a successful federal SAMHSA grant, bringing in \$200,000 for EMS Education.
- Coordinated an intake and receipt system utilizing Microsoft Forms and Microsoft PowerAutomate with the Medical Director, reducing provider paperwork requirements and increasing accuracy for state waiver reporting.
- Created a tracking database for reports accessed by 50 staff across three offices.
- Coordinated with paramedics and the Teller County Sheriff's Office to create a business proposal for extending services to the county jail, shadowing nurses, researching healthcare costs, qualifications, and providers, and analyzing EMS requirements.
- Lobbied at the state capital for EMS legislation to establish the HB18-1023 Health Information Exchange between MES providers and health care facilities and funding for EMS services, which included hosting a reception for the senators and house representatives.