



**Primary Prevention Strategies for
South Carolina Colleges and Universities**

**Application Package**

**Overview**

**Project Summary**

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) will provide up to $750,000.00 to fund up to five three-year primary prevention sub-awards (up to $50,000.00 each per year) to colleges and universities in South Carolina. The purpose of the sub-awards is to support implementation of evidence-based primary prevention strategies in an effort to prevent substance use, misuse, onset of substance use disorders, and related consequences for college students in South Carolina. The primary prevention strategies may be implemented for the general student population or may be implemented for selected targeted populations within the student body of South Carolina colleges and universities. The planned sub-award period is **October 1, 2021, to September 30, 2024**. Applicants may apply to receive an award of up to $50,000.00 per year, for a maximum total award of $150,000.00 over the three-year grant period.

***Please note that funds are not available through this award to implement strategies to diagnose or provide treatment services for college and university students with substance use disorders.***

**Funding Sources**

The funding sources are the American Rescue Plan Act of 2021 (ARPA) and the Coronavirus Response and Relief Supplement Appropriations Act of 2021 via the Substance Abuse Block Grant COVID (SABG COVID) Supplement. These funds are administered to DAODAS by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The CFDA number is 93.788.

**Eligibility for Funding**

Organizations eligible to apply for funding include institutions of higher education in South Carolina, such as technical colleges, four-year colleges and universities, and graduate schools that are physically located within the state of South Carolina. Any questions concerning eligibility can be submitted during the specified question period *(see below)*, and DAODAS will respond to ensure that your organization is eligible prior to submission of your application.

**Question Period**

Prospective applicants can pose any questions concerning the application requirements to DAODAS between **August 2 and August 10, 2021**. Question(s) must be e-mailed to **application@daodas.sc.gov**. A complete summary of all questions received by August 10 – and their answers – will be posted on the DAODAS website home page ([www.daodas.sc.gov](http://www.daodas.sc.gov)) no later than the close of business on **August 17, 2021**.

**Due Date**

Applications are due to DAODAS *(see application requirements on Page 5)* **by close of business (5:00 p.m.) on August 27, 2021**. No late applications will be moved forward to the review/scoring phase. Late applications are those that arrive via e-mail any time after 5:00 p.m. on August 27, 2021.

**Review Process**

Applications will be reviewed and scored using the following criteria:

* Technical Proposal (25 points)
* Qualifications and Experience (15 points)
* Budget (10 points)

**Scoring Criteria**

Technical Proposal (25 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 25-20 | 19-15 | 14-10 | 9-5 | 4-0 |

Qualifications and Experience (15 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 15-12 | 11-9 | 8-6 | 5-3 | 2-0 |

Budget (10 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 10-9 | 8-7 | 6-5 | 4-3 | 2-0 |

**Descriptors for Scoring Criteria**

**Outstanding:** The applicant organization explicitly addresses the criteria by providing comprehensive descriptions and thorough details. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong and informed understanding of the topic, and the level of detail provided reinforces each response. The applicant organization effectively describes how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant and related detail in addressing the criteria, but the response is not entirely comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than “Good,” but not up to the standard of “Outstanding.”

**Good:** The applicant organization provides a basic response to the criteria. The applicant organization does not include significant detail or pertinent information. Key details and examples are limited. The applicant organization minimally translates the requirement of the application into practice.

**Marginal:** The applicant organization provides insufficient information, details, and/or descriptions that do not completely answer the criteria. The applicant may have answered part of the criteria but missed a key point and/or there are major gaps in the information presented.

**Poor:** The applicant organization does not address the criteria. The applicant organization states the question but does not elaborate on the response. The applicant merely repeats information included in the application. The applicant organization skips or otherwise ignores the criteria or includes irrelevant information that does not meet the criteria elements.

*\*Information adapted from the Centers for Disease Control and Prevention (CDC)
Application Field Review Process for NOFOs #CE20-2002 and CE20-2003*

**Notification of Awards**

Final awards will be posted on the DAODAS website homepage ([www.daodas.sc.gov](http://www.daodas.sc.gov)) on or before **September 20, 2021.** **All posted awards are considered final.** All non-funded applicants will receive a summary report with evaluative comments for the submitted application no later than December 10, 2021.

**Contract Period**

The first annual contract for funded applicants, also referred to as sub-awardees, will be issued by DAODAS on **October 1, 2021**. The annual contract period is **October 1 to September 30, each year of the three-year grant period (see below)**. **All services must be rendered and all goods purchased must be received each fiscal year by the final date of the respective contract period.**

Funds will be reimbursed for expenses on a monthly basis per fiscal year contingent upon meeting the reporting requirements outlined in the next section and availability of funds.  **Final budget reimbursement requests per fiscal year must be made no later than:**

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | **Contract Period** | **Final Budget Reimbursement Request Due Date** |
| FY2022 | October 1, 2021, to September 30, 2022 | October 7, 2022 |
| FY2023 | October 1, 2022, to September 30, 2023 | October 6, 2023 |
| FY2024 | October 1, 2023, to September 30, 2024 | October 7, 2024 |

**Reporting Requirements**

# Sub-awardees will submit all grant activity information as directed by DAODAS through web-based reporting. Deliverables will be due on the fifth working day of the month for all services and activities implemented during the previous month. Monthly finance and program implementation data must be reported. Accurate reporting of this data will be required for reimbursement requests to be processed by DAODAS.

**Financial Guidelines**

Funds will be available on a reimbursement basis upon completion of monthly deliverables. Agencies are welcome to supplement this federal funding with other appropriate agency funds. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%. The availability of funds for subsequent years will be dependent on the awardee’s performance and adherence to DAODAS requirements.

**Defining “Supplement” and “Supplant”**

“Supplement” means to “build upon” or “add to”; “supplant” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities **may not** be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage **supplementing** (i.e., adding federal funds to what is available through state, local, or agency funds).

**Unallowable Expenditures**

SAMHSA grant funds may not be used to:

* Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, purchased solely for the purposes of marketing your organization or for general prevention messaging. All materials purchased must be linked directly to selected strategies.
* Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

**NOTE:** A treatment or prevention provider may give up to $30.00 in non-cash incentives to individuals to participate in required data-collection follow-up. This amount may be paid for participation in each required follow-up interview.

* Pay for meals, which are generally unallowable unless they are an integral part of an education strategy such as the Strengthening Families program. Grant funds may be used to pay for light snacks, not to exceed $3.00 per person per day.
* Purchase supplies, which are items costing less than $5,000.00 per unit, often having one-time use.

**Difference Between a Contract and a Consultant**

* A **contract** is a legal instrument by which a grant recipient purchases good and services needed to carry out the project or program under a federal award. Contracts are with vendors (dealer, distributor, or other seller) that provide, for example, supplies, expendable materials, or data processing services in support of project activities. The grant recipient must have established, written procurement policies and procedures that are consistently applied to these contracts.
* **Consultants** are individuals retained to provide professional advice or services for a fee. Travel costs for consultants and contractors should be shown in this category, along with consultant/contractor fees.

**Application Requirements**

All applications must meet the requirements listed below.

| **Requirements** | **Description** |
| --- | --- |
| Submit an application that addresses misuse of and/or consequences related to use of at least two substances that data suggests are being misused by college and university students, such as alcohol, marijuana, opioids, or other drugs. The application must be submitted by the due date and time stated in the “Due Date” section on Page 1. | * Submit an application to:
1. Reduce or prevent the misuse of alcohol, marijuana, opioids, or other substances;*and/or*
2. Prevent or reduce the consequences of alcohol, marijuana, opioids, or other substance use and misuse.
 |
| Complete the Application Cover Letter, Applicant Information, Technical Proposal, Qualifications and Experience, and Budget sections, and then **submit the documents as a single PDF** to the e-mail address provided on Page 19. | * Complete an Application Cover Letter to indicate your organization’s intent to apply for a sub-award.
* Complete the Applicant Information section as requested, to share important contact information, other details about your organization, and the desired funding amount.
* Complete the Technical Proposal and include the required content.
* Complete the Qualifications and Experience section and include the required content.
* Complete the Budget, using the template provided, and include the required content.
 |
| Adhere to the maximum page lengths where indicated. | * The Technical Proposal must be no longer than eight pages, the Qualifications and Experience section must be no longer than four pages, and the Budget must be no longer than four pages.
 |
| Use the Pre-Approved Strategy List (Pages 6-18) to identify and select a minimum of two primary prevention strategies to implement.  | * Select two or more strategies that your college or university proposes to implement. Ensure that each selected strategy corresponds with data-supported needs that are included in the Technical Proposal’s Statement of Need.
* The Pre-Approved Strategy List also includes a list of items that funds can be used to support implementation of sub-awards. The budget should note other funds that may be required to implement the selected programs/strategies with fidelity, such as personnel, partner agencies (such as law enforcement), training, supplies/materials, etc.
 |

**Primary Prevention Strategies for South Carolina Colleges and Universities**

**Pre-Approved Strategy List**

# Evidence-Based Strategies (select at least two)

| **Strategies**(in alphabetical order) | **Substance** | **Description** |
| --- | --- | --- |
| Brief Motivational Intervention (BMI):In-person – Group* Find more details and examples of Brief Motivational Intervention at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442891/>
 | Alcohol | In-person group BMI combines a brief intervention with motivational interviewing **in a group** (rather than in a one-on-one setting). BMI emphasizes personal responsibility and self-efficacy of participants, offering them personalized feedback on their alcohol use, risks, expectancies, perceptions of social norms, and options for reducing problems and consequences. A trained facilitator guides the group discussion. Goals for behavioral change are set by participants.* Staffing expertise needed: Health professional and coordinator
* Target population: Individuals or specific groups
* Primary modality: In-person group
* Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects
 |
| Brief Motivational Intervention (BMI):In-person – Individual* Find more details and examples of brief motivation interventions at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502647/>
* Find more details about the role of marijuana use in brief motivation intervention with young adult drinkers treated in an emergency department at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2670746/>
 | Alcohol | BMI combines a brief intervention with motivational interviewing. BMI emphasizes personal responsibility and self-efficacy of participants, offering them personalized feedback on their alcohol use, risks, expectancies, perceptions of social norms, and options for reducing problems and consequences. Discussions are guided by a trained facilitator. Goals for behavioral change are set by participants. One such BMI, which is the model after which most BMIs are patterned, is the Brief Alcohol Screening and Intervention for College Students (BASICS). BASICS involves initial screening to identify students at high risk for alcohol-related problems, subsequent baseline assessment to generate personalized feedback, and then a one-on-one meeting with the trained facilitator to review the feedback. In the original studies of BASICS, baseline assessment was completed in person; participants were asked to self-monitor drinking for two weeks, then return for a second session to review their personalized feedback. More recent research has eliminated the first in-person meeting, opting instead to complete baseline assessment via the web.* + - Staffing expertise needed: Health professional and coordinator
		- Target population: Individuals or specific groups
		- Primary modality: In-person individual
		- Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects
 |
| College Health Intervention Projects (CHIPs)* Find more information about this strategy at: <https://clinicaltrials.gov/ct2/show/NCT00244049>
 | Alcohol | Target population is high-risk college students seeking routine primary care in college or university health centers. Delivered by trained primary care physicians to college students. During a routine physical, the physician provides feedback on current health behaviors, reviews high-risk drinking prevalence at colleges, and discusses negative alcohol consequences, the pros and cons of drinking, drinking cues, and life goals. The physician and patient develop an agreement, and the physician writes it out in the form of a prescription. The student is given a blood alcohol level calculator and drinking diary cards. Two 15-minute visits with the physician are scheduled one month apart (brief intervention and reinforcement). Each patient receives a follow-up phone call or e-mail from the physician two weeks after the first visit and one month after the second. |
| Enforce drinking age of 21(e.g., compliance checks) | Alcohol | Under this strategy, campuses and local and state governments support and implement strong enforcement of the existing age-21 minimum legal drinking age. (Compliance checks are an approach regulated at the local or state level whereby undercover youth, supervised by law enforcement or licensing authorities, attempt to purchase alcohol. When a violation occurs, a penalty is applied to the server and/or the license holder, depending on local or state law.)* Staffing expertise required: Policy advocate
* Target population: Underage students
* Research population: General
 |
| Establish minimum unit pricing | Alcohol | Under this strategy, colleges or local/state/federal government sets the minimum price at which alcohol is allowed to be sold in alcohol establishments. The price may be set based on a variety of units or measures, such as per drink, per container size, or per volume of ethanol. This ensures that the price of alcohol is not discounted so much that customers are encouraged to purchase and consume more alcohol than they might otherwise.* Staffing expertise required: Policy advocate
* Target population: All students
* • Research population: General
 |
| Generation Rx* Find more information about Generation Rx (University) at: <https://generationrx.org/toolkits/university/>
 | Prescription Drugs | Generation Rx is a collaborative program between the Cardinal Health Foundation and Ohio State University’s College of Pharmacy. It was initiated in 2007 with the goal of using educational prevention to address increasing misuse of prescription drugs. The program offers free toolkits and other resources geared to different audiences, including elementary, teen, and college audiences *(see* [*www.generationrx.org/*](http://www.generationrx.org/)*)*. Although this program addresses prescription drug misuse in general, of relevance to this review is a specific resource for the college audience called The Adderall Dilemma – Truth about Prescription Stimulant Abuse (available on the website). This toolkit is designed to engage college students in group discussion after presentation of a skit, and contains facilitator notes, a script for the skit discussion questions, handout, and poster. The skits illustrate conversations between students looking to get Adderall from their peers for various reasons (e.g., as a study aid or party enhancer). The discussion questions that follow ask students what they would do in that situation, what they think some of the negative consequences of stimulants could be, and what alternative solutions they could use in the scenarios, among other questions. |
| Increase alcohol tax | Alcohol | Under this strategy, a state or local government increases the tax on the sale of alcohol, thereby increasing the cost of alcohol and decreasing the affordability of excessive drinking.* Staffing expertise required: Policy advocate
* Target population: All students
* Research population: College, general
 |
| InShape Prevention Plus Wellness* Find more information about InShape Prevention Plus Wellness at: <https://preventionpluswellness.com/pages/inshape-prevention-plus-wellness>
 | Alcohol, Tobacco, Marijuana, and Other Drugs | InShape Prevention Plus Wellness is a single-session substance use prevention program for young adults designed to increase fitness, health, and performance-enhancing behaviors like physical activity, exercise, healthy eating, getting adequate sleep, and practicing stress control while avoiding harmful substance use. |
| Multi-Component Education-Focused Program (MCEFP): AlcoholEdu® for College* Find more information about Alcohol Edu® for College at: <https://everfi.com/courses/colleges-universities/alcoholedu/>
 | Alcohol | AlcoholEdu® for College is a two-part, online program providing personalized feedback along with education around alcohol use. The first part of the program is typically completed in the summer before freshmen arrive on campus, with the second part being completed during the fall. Students must complete knowledge-based quizzes in order to complete the course. Cost of the program is based on first-year enrollment size. This program also may target individuals and all students.* Staffing expertise required: Coordinator
* Target population: Individuals, specific groups, or all students
* Primary modality: Online
* Duration of effects: Short-term (< 6 months) effects; no long-term (≥ 6 months) effects
 |
| Normative Re-Education: Electronic/mailed Personalized Normative Feedback (PNF) | Alcohol | PNF programs provide all students with personalized information about their alcohol use in comparison with actual use by their peers. This information is represented graphically (with charts and text showing personal behavior juxtaposed with normative information). Delivery of PNF interventions is done without the involvement of a facilitator, and students are allowed to consider this information on their own.* Staffing expertise required: Coordinator
* Target population: Individuals, specific groups, or all students
* Primary modality: Online/offsite
* Duration of effects: Short-term (< 6 months) effects; long-term (≥ 6 months) effects
 |
| Personalized Feedback Intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG) | Alcohol | Alcohol eCHECKUP TO GO is a web-based survey that provides students with personalized feedback about their drinking patterns and how their alcohol use might affect their health and personal goals. The program has a special focus on two high-risk groups: first-year students and athletes. eCHECKUP TO GO is a commercial program. Campuses pay an annual subscription fee of about $1,000 for unlimited use of a customized program. The practitioner package annual subscription fee of $3,500.00 (per campus, per year) provides subscribers with unlimited use of all eCHECKUP TO GO applications.* Staffing expertise required: Coordinator
* Target population: Individuals, specific groups, or all students
* Primary modality: Online
* Duration of effects: Short-term (< 6 months) effects; mixed long-term (≥ 6 months) effects
 |
| Personalized Feedback Intervention (PFI): Generic/other* Find more information about PFIs at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432858/>
 | Alcohol | PFI programs use a web-based assessment to generate graphic personalized feedback about students’ alcohol use, risks, expectancies, perceptions of social norms, and drinking motives. Feedback is delivered electronically or by mail and is not discussed with a trained facilitator.* Staffing expertise required: Coordinator
* Target population: Individuals, specific groups, or all students
* Primary modality: Online
* Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects
 |
| Restrict happy hours / price promotions | Alcohol | Under this strategy, a campus or local or state government prohibits or restricts drink specials, such as the sale of two alcoholic beverages for the price of one, that encourage customers to drink more than they might otherwise.* Staffing expertise required: Policy advocate
* Target population: All students
* Research population: College, general
 |
| Retain age-21 drinking age | Alcohol | All 50 U.S. states, the District of Columbia, and Guam currently prohibit anyone under age 21 from possessing alcoholic beverages; most states also prohibit those under age 21 from purchasing and consuming alcoholic beverages. Under this strategy, campuses and local and state governments support continuation of the age-21 minimum legal drinking age due to its effectiveness in reducing underage drinking consequences.* Staffing expertise required: Policy advocate
* Target population: Underage students
* Research population: General
 |
| Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP) | Alcohol | ASTP is a multicomponent alcohol skills training program for students at risk of developing alcohol use problems. The program provides information about addiction and offers exercises and training to help students identify personal drinking cues, develop alcohol refusal skills, and manage stress. ASTP consists of eight 90-minute sessions; however, programs conducted in as few as two sessions have been evaluated.* Staffing expertise required: Health professional and coordinator
* Target population: Individuals or specific groups
* Primary modality: In-person group
* Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects
 |
| Skills training, alcohol plus general life skills or general life skills only: Generic/other* Find more information about an alcohol skills training program available at: <https://compass.everfi.com/tool/compass/alcohol-skills-training-program/>
* Find more information about a general life skills training (covers personal self-management, general social skills, and drug-resistance skills) at: <https://www.lifeskillstraining.com/?s=college>
 | Alcohol\*\*Botvin LifeSkills Training helps students learn skills for building effective defenses against pressures to use tobacco, alcohol, and other drugs. | These programs combine training in skills aimed at reducing alcohol use (e.g., drink refusal and moderation of alcohol use) with training in general life skills (e.g., stress management, coping, lifestyle balance), or they provide training only in general life skills as a means of reducing alcohol use.* Staffing expertise required: Health professional, coordinator
* Target population: Individuals or specific groups
* Primary modality: In-person group
* Duration of effects: Mixed short-term (< 6 months) effects; long-term (≥ 6 months) effects
 |
| Skills training, alcohol focus: Goal/intention-setting alone | Alcohol | Under this approach, students identified as having alcohol use problems set goals for limiting their alcohol use based on their current drinking behaviors, other goals, and values.* Staffing expertise required: Health professional and coordinator
* Target population: Individuals
* Primary modality: In-person individual
* Duration of effects: Short-term (< 6 months) effects; long-term (≥ 6 months) effects not assessed
 |
| Skills training, alcohol plus general life skills: Parent-based alcohol communication training* Find more information about parent-based alcohol communication training at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701098/>
 | Alcohol | Parent-based alcohol communication training is a campus-sponsored program to train parents of students, particularly incoming freshmen, to effectively talk with their children about alcohol use, avoidance, and consequences.* Staffing expertise required: Coordinator
* Target population: Individuals, underage, specific groups, or all students
* Primary modality: Offsite
* Duration of effects: Short-term (< 6 months) effects; mixed long-term (≥ 6 months) effects
 |
| Skills training, alcohol focus: Self-monitoring/self-assessment alone | Alcohol | Self-monitoring/self-assessment approaches involve repeated assessment (e.g., daily diary; multiple longitudinal assessment spread out over weeks, months, or years) without any other intervention.* Staffing expertise required: Coordinator
* Target population: Individuals, specific groups
* Primary modality: Online/offsite
* Duration of effects: Short-term (< 6 months) and long-term (≥ 6 months) effects
 |
| Social Marketing: “Before One More” Campaign* Find more information about the “Before One More” campaign at: <https://www.researchgate.net/publication/258188491_The_Impact_of_a_Student-Driven_Social_Marketing_Campaign_on_College_Student_Alcohol-Related_Beliefs_and_Behaviors>
 | Alcohol | A campaign implemented as part of a comprehensive social marketing effort to address high-risk drinking.For example: A campaign employed on campus to address various aspects of the marketing mix – including product, price, place, and promotion – through late-night alcohol-free activities, increased enforcement, a substance use/misuse mentoring program, and the student-driven promotional campaign. |
| Social Norms Marketing: College Student-Athlete Campaign* Find more information about this social norms marketing strategy at: <https://www.researchgate.net/publication/6735086_A_Successful_Social_Norms_Campaign_to_Reduce_Alcohol_Misuse_Among_College_Student-Athletes>
 | Alcohol | A comprehensive set of interventions communicating accurate local norms regarding alcohol use that targets student-athletes at an undergraduate college. The intervention was designed to reduce harmful misperceptions of peer norms and, in turn, reduce personal risk. |
| Training for Intervention ProcedureS (TIPS) for the University | Alcohol | TIPS is a skills-based training program that is designed to prevent intoxication, underage drinking, and drunk driving. |

**Additional Pre-approved Strategies\***

|  |
| --- |
| **Non-Evidence-Based Strategies (can be selected to complement evidence-based strategies)** |
| Speaking engagements | Various substances | This information-dissemination strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, misuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. |
| Alternative activities | Various substances | This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resort to the latter. |

\****No more than 10% of the total award can be allocated for speaking engagements and alternative activities.***

**Submission Information**

**What to Submit**

Applicants must submit the following documents – attached as a single PDF file – via e-mail to daodasapplication@daodas.sc.gov:

* Application Cover Letter
	+ Include a bulleted list of the strategies selected for implementation
* Applicant Information
* Technical Proposal
* Qualifications and Experience
* Budget

Text must be legible. Pages must be typed in black, single-spaced, and using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.

Applicants may use Times New Roman 10 for charts and tables *only*.

**Application Package for Submission**

**Applicant Information Form**

**Instructions:** Please provide a response to each item in the table below.

|  |  |
| --- | --- |
|  | **DAODAS Applicant Information: College Prevention RFP** |
| **1.** | **Organization Information** | Organization Name |  |
| Mailing Address |  |
| **2.** | **Student Enrollment** | Total Enrollment |  |
| **3.** | **Point of Contact** | Contact Name |  |
| E-mail Address |  |
| Phone Number |  |

**Technical Proposal (maximum of 8 pages)**

**Include the following information:**

| **Technical Proposal Sections** | **Required Content** |
| --- | --- |
| 1. **Statement of Need**
 | * Data that describes substance use, misuse, onset of substance use disorders, and related consequences of substance use for college students. Include qualitative and quantitative data. Identify the source of all data. (Data can be placed in tables/charts, with explanations to follow.)
* Clear identification of the geographic area (on campus, off campus) and/or communities that strategies will impact, including the population of the proposed service area.
* Any specific challenges motivating the applicant’s interest in applying for this grant.
* Service gaps that will be addressed with the funding.
* Existing efforts (either provided by your organization or others in the community) and explanation of how this new effort will not be duplicative.
* Explanation of the inability to fund the proposed program without federal assistance, and a description of any existing funding or resources that are being leveraged to support the proposed program.
 |
| 1. **Plan to Implement Selected Strategy/Strategies**
 | * Measurable SMART goals and objectives *(See Attachment 1 for more information on writing SMART goals and objectives.)*
* The pre-approved primary prevention strategies that will be implemented *(a minimum of two strategies must be selected)*, and a description of how the identified strategies will be implemented and how they will address the need identified through data in the Statement of Need section.

Applicants that select evidence-based curricula as strategies to implement are required to adhere to additional instructions related to them as outlined below.* 1. Describe the recruitment process for gaining curriculum-based program participants; and
	2. Include a Memorandum of Agreement/Understanding (MOA/MOU) from each key stakeholder organization (as applicable) that will be partnered with to implement the strategy. *This should be included as an appendix and will not be included in the page count.*
* Month-by-month implementation timeline for strategies, to include the following:
* Key activities that will be implemented per strategy by month
* Responsible party per key activity

*(Please present this monthly timeline as a Gantt chart, a table, or in another format that can be viewed at a glance.)** Description of any potential barriers to implementation and how you plan to overcome the barriers.
* Description of the intention or plans to sustain strategy implementation and/or related infrastructure after the grant period.
 |
| 1. **Data Collection and Reporting Plan**
 | * Complete an evaluation plan (*see sample in Attachment 2)* that contains the following:
	+ Description of the following:
		- Data that will be collected to evaluate achievement of the stated goal and objectives
		- Who will be responsible for collecting the required data
		- How the data will be collected and reported to DAODAS
		- Timeline for data collection
	+ Description of how the SMART goals and objectives will be monitored and measured to address the overall need(s) identified.
	+ Description of how the evidence-based program evaluation instrument will be implemented to achieve program fidelity (if applicable).
* Provide a sample of the survey *(see sample in Attachment 3*) that the organization will use to collect baseline and outcomes data. The survey should be able to indicate changes in knowledge, attitudes, and/or behaviors among the populations served through strategy implementation. *This should be included as an appendix and will not be included in the page count.*
 |

**Qualifications and Experience (maximum of 4 pages)**

**Include the following information:**

|  |  |
| --- | --- |
| **Qualifications and Experience Sections** | **Required Content** |
| **Capacity and Competencies** | * Description of the organization’s structure and staffing plan for strategy implementation.
* Key person or people responsible for implementation of the strategies.
* Description of the experience your organization has with similar projects and providing services to the population(s) of focus for this application.
* Any other organization(s) that will partner in the proposed project and the role the partners will play to ensure successful strategy implementation.
* Discussion of any previous collaboration that will help to achieve the objectives.
* Explanation of existing partnership agreements, to include formal or informal agreements.
* Training plan or information that demonstrates that all relevant project staff and partners currently have or will acquire the required training for successful implementation of the selected strategies *(if applicable)*.
 |

**Budget/Budget Narrative (maximum of 4 pages)**

Submit a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). The budget narrative should generally demonstrate how the applicant will maximize cost effectiveness of grant expenditures. The budget narrative should demonstrate cost effectiveness in relation to potential alternatives and the objectives of the project.

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

“Other support/In-kind” is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment).

See sample budget and budget narrative in Attachment 4 for additional information.

**Include the following information:**

* Organization name
* Total amount requested
* Strategies to be implemented
* Overall requested amount by category for travel, supplies/materials, contractual services, “other,” other support/in-kind and administrative costs.
**NOTE:** Administrative costs cannot exceed more than 5% of the total award.
* Narrative/justification for each item, to include a breakdown of costs to demonstrate the calculations for each item

**Attachment 1 – SMART Goals and Objectives**

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This attachment provides information on developing goals and objectives. It also provides examples of well-written goals and measurable objectives.

**GOALS**

**Definition −** A goal is a broad statement about the long-term expectation of what should happen as a result of your program (i.e., the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should be only one sentence.

The characteristics of effective goals include:

* Goals address outcomes, not how outcomes will be achieved.
* Goals describe the behavior or condition in the community that is expected to change.
* Goals describe who will be affected by the project.
* Goals lead clearly to one or more measurable results.
* Goals are concise.

**Examples**

|  |  |  |
| --- | --- | --- |
| **Unclear Goal** | **Critique** | **Improved Goal** |
| Increase the substance abuse and HIV/AIDS prevention capacity of the local school district. | This goal could be improved by *specifying an expected program effect in reducing a health problem*. | Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS. |
| Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use. | This goal is not concise. | Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use. |

**OBJECTIVES**

**Definition –** Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know,” because it might prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2022, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable,* *realistic, and time-bound*:**

* ***Specific* –** Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”
* ***Measurable* –** How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. For example, “By 9/20 increase by 10% the number of 8th-, 9th-, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.”
* ***Achievable –*** Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”
* ***Realistic –*** Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”
* ***Time-bound* –** Provide a time frame indicating when the objective will be measured or a time by which the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**Sample Smart Objectives**

|  |  |  |
| --- | --- | --- |
| **Non-SMART Objective** | **Critique** | **SMART Objective** |
| Teachers will be trained on the selected evidence-based substance abuse prevention curriculum. | The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and the date by which the trainings will be conducted. | ***By June 1, 2022****,* ***LEA supervisory staff*** will have trained ***75% of******health education*** teachers ***in the local* *school******district*** on the selected, evidence-based substance abuse prevention curriculum. |
| 90% of youth will participate in classes on assertive communication skills. | This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills. | By the ***end of the 2021-2022 school year****,* ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in******the middle* *school*** receiving the ***substance abuse and HIV prevention curriculum.*** |
| Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths. | This objective is not SMART because it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and the date by which the training will be conducted. | ***By the end of Year 2 of the project***, the ***Health Department*** will have trained ***75% of EMS staff*** ***in the* *county government***on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths. |

**Attachment 2 – Sample Evaluation Plan**

**Sample Evaluation Plan**

Below is an example of how information could be displayed for the data that will be collected to measure the objectives that are included.

**Goal Statement:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective** | **Data Indicator** | **Data Source** | **Data Collection Frequency** | **Responsible Stafffor Data Collection** | **Method of Data Analysis** |
| Example: Objective 1.a. |  |  |  |  |  |
| Example: Objective 1.b. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*Information adapted from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Strategic Prevention Framework – Partnership for Success Application (Funding Opportunity Announcement No. SP-20-002)*

**Attachment 3 – Sample Community Survey**

**Sample Community Survey**

**Note:** It may be helpful to utilize an online survey resource (Google Forms, Survey Monkey, Qualtrics, etc.) to administer the community survey(s). Ideal survey administration for the grant period includes administering the survey: 1) before strategy implementation begins (baseline data); and 2) near/at the end of strategy implementation. Use skip patterns as needed if administering the survey(s) online for increased survey efficiency. Ensure appropriate consent is received prior to administering the survey to community members, especially people under the age of 18.

Questions provided below are sample questions. Actual questions that you include in your community survey ideally will reflect your agency’s stated goals and objectives for the grant.

**Sunny County Safe Medication Disposal Survey**

Welcome to the Sunny County Safe Medication Disposal Survey! Thank you for taking a few minutes to complete this anonymous community survey about safe medication disposal through prescription drug drop boxes. It will ask questions about your awareness and perceptions related to prescription drug drop box use.

1. How old are you?
2. 18-25
3. 26-34
4. 35-44
5. 45-54
6. 55-64
7. 65+
8. Please identify your sex.
9. Male
10. Female
11. How would you describe your racial or ethnic background?
12. American Indian, Alaskan Native, or Native Hawaiian
13. Asian or Pacific Islander
14. Bi-Racial or Multi-Racial
15. Black or African American
16. Hispanic or Latino
17. White or Caucasian
18. Other
19. ZIP Code
20. Have you seen or heard media messages about prescription drug drop boxes in the county (i.e., radio, print, social media, etc.)?
21. Yes
22. No
23. How did you see or hear about prescription drug drop boxes in the county *(please select all that apply)*?

[ ] Television

[ ] Radio

[ ] Print Media (e.g., brochures, newspapers)

[ ] Online Website (e.g., online news, business website)

[ ] Social Media Website (e.g., Facebook, Snap Chat, Instagram)

[ ] Press Releases

[ ] Other

1. How long has it been since you used a prescription drug drop box to dispose of unwanted medication?
2. 1-3 months ago
3. 4-6 months ago
4. 6-12 months ago
5. 1 year ago+
6. Never
7. How likely are you to use a prescription drug drop box to dispose of unwanted medication in the future?
8. Extremely Unlikely
9. Unlikely
10. Neutral
11. Likely
12. Extremely Likely
13. What influenced your decision to dispose of unused medication through a prescription drug drop box (please select all that apply)?

[ ] Heard a radio ad about it

[ ] Saw a television ad about it

[ ] Saw it on social media

[ ] Saw it on a billboard or newspaper

[ ] Someone told me about it

[ ] To keep my family safe

[ ] Other reason

1. What types of medication are you most likely to dispose of using a prescription drug drop box (please select all that apply)?

[ ] Over-the-counter pain medication (i.e., Aleve, aspirin, Tylenol)

[ ] Prescription pain medication (i.e., hydrocodone, OxyContin, Percocet)

[ ] Other over-the-counter medication (i.e. Benadryl, Claritin, Cough Syrup)

[ ] Other prescription medication (i.e. Adderall, Xanax, Valium)

[ ] None

**Attachment 4 – Sample Budget and Budget Narrative**

**CATEGORIES**

**Travel and Training:** Funds requested in this category should be only for training related to project implementation. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category. If your organization does not have documented travel policies, the federal GSA rates must be used (<https://www.gsa.gov/portal/category/26429>).

Provide the following information for the narrative and justification:

1. *Purpose* – Briefly note the purpose of the travel-training for strategy implementation.
2. The justification must identify the need for the travel.
3. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
4. *Location* – Specify the start and ending locations of the trip.
5. *Item* – Specify the costs associated with travel (e.g., mode of transportation, accommodations, per diem).
6. *Rate Calculation* – Specify the basis for the travel costs.
7. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
8. Costs for contingencies and miscellaneous costs are not allowable.
9. *Travel Cost Charged to Award* – Provide the total cost of the travel to be charged to the award during the budget period.

**Supplies and Materials:** Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use. Provide the following information for the narrative and justification:

1. *Items* – List supplies by type (e.g., office supplies, postage, laptop computers). The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. *Calculation* – Describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
3. *Supply Cost Charged to the Award* − Provide the total cost of the supply items to be charged to the award during the budget period.

**Contractual Services:** List the budgets for each contract or consultant. Provide the following information for the narrative and justification:

* 1. *Name* – Provide the name of the entity and identify if it is a contractor or consultant.
	2. *Service* – Identify the products or services to be obtained.
1. As part of the justification, provide a summary of the scope of work, the specific tasks to be performed, and the necessity of the task for each contract as it relates to the Project Narrative. Include the dates/length of the performance period. **NOTE:** Costs that are outside the period of performance of the award cannot be charged to the award.
	1. *Rate* – Provide an itemized line-item breakdown.
	2. *Contract Costs Charged to the Award* − Provide the total of the consultant or contract costs to be charged to the award during the budget period.

**Other:** This category includes costs for participant incentives.

**Other Support/In-Kind:** “Other Support/In-Kind” is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment), staffing costs, cost to support other personnel needed for strategy implementation (i.e., law enforcement officers’ time for the implementation of compliance checks, etc.).

**Administrative Costs:** This category, which cannot exceed 5% of the total award, is to cover the costs incurred by the agency for administering the grant.

**Example**

|  |
| --- |
| **Organization Name:** College of Sunnyville |
| **Funding Amount:** $50,000.00 |
| **Strategies to Be Implemented:** (1) eCHECKUP TO GO, BASICS and Alternative activities |
| **Travel and Training** | Two-hour online training for two program facilitators of e-CHECKUP TO GO: $199.00 x 2 = $398.003-day on-site training and train-the-trainer for BASICS: $4,500.00CATEGORY TOTAL: $4,898.00 |
| **Supplies and Materials** | e-CHECKUP TO GO Practitioner’s Package annual licensing fee: $3,500.00BASICS licensing fee (manual and trainer’s manual access): $1,000.00BASICS licensing fee (online assessment for 400 students): $4,000.00BASICS materials: $150.00 for rights to print handouts and $400.00 for blood alcohol level cards = $550.00CATEGORY TOTAL: $9,050.00 |
| **Contractual Services** | 2 graduate assistants (GAs) to help with program implementation. Cost for one GA (fall, spring, and summer semesters) = $16,500.00 x 2CATEGORY TOTAL: $33,000.00 |
| **Other** | $10.00 non-cash incentives for alternative events: 4 events (2 per semester) x 75 participants x $10.00 non-cash incentive = $3,000.00CATEGORY TOTAL: $3,000.00 |
| **Other Support/In-Kind** | 2 master’s level counselors to oversee program implementation and work of graduate assistants: $45,000 x 2 = $90,000.00Rental of big screen for movie alternative events: $300.00 x 4 events = $1,200.00Office supplies/printing cost for program implementation and events – estimated $250.00/month x 9 months = $2,250.00Food/snacks for alternative events: 4 events x 75 participants x $10.00 = $3,000.00CATEGORY TOTAL *(not charged to grant)*: $96,450.00 |
| **Administrative Costs** | CATEGORY TOTAL: $0.00 |
| **GRAND TOTAL (charged to grant)** | TOTAL: $49,948.00 |

**Budget Narrative**

**Travel and Training:** Two-hour online training for two program facilitators of e-CHECKUP TO GO: $199.00 x 2 = $398.00

The training is suggested for program implementation. The College will have two staff members complete the training before program implementation begins.

3-day on-site training and train-the-trainer for BASICS: $4,500.00

The training is required for program implementation. Initial training is $4,500 per day, which includes trainer costs and travel. A two-day training is standard to train BASICS facilitators. A three-day training is required if a college wants to license a staff person who can train others in the BASICS program. This option is being selected for sustainability of the program as new graduate assistants will need to be trained in future years to assist with implementation of the program.

**Supplies and Materials:** e-CHECKUP TO GO Practitioner Package annual licensing fee: $3,500.00

Required for program implementation. The eCHECKUP TO GO Practitioner Package is designed to provide a comprehensive suite of interventions for those working one on one with students. It is BASICS/BASICS-like compatible and includes all of our online behavior interventions.

This annual fee includes access to the following:

* Suite of interventions designed for those working one on one with individuals
* Includes: Alcohol, Cannabis, Tobacco, Other Drug Assessment, Values Card Sort, Sexual Violence Prevention
* BASICS or BASICS-like compatible

The Practitioner Package allows users to:

* Set feedback flags for further consideration or assessment
* Electronically view a user’s responses and feedback from one convenient interface

The package also include access to the administrative reports. The eCHECKUP TO GO programs include an “administrative section” where authorized users can obtain usage information, demographics, and basic statistical analyses – as well as download all their institution’s data. Access it anytime – in real time – as often as you wish.

BASICS Licensing fee (manual and trainer’s manual access): $1,000.00

The fee is for access to the program implementation manual and trainer’s manual. This is a one-time fee per the BASICS delivery protocol.

BASICS Licensing fee (online assessment for 400 students): $4,000.00

The annual fee is for online assessment and feedback application that is necessary to deliver the intervention. The costs range depending on the vendor and number of students served by the program. This fee was calculated based on our projected number of 400 students.

BASICS Materials: $150.00 for rights to print handouts and $400.00 for blood alcohol level cards = $550.00

Annual fee for duplication costs and program materials. The blood alcohol level card will be provided to each individual served in the program.

**Contractual Services:** 2 graduate assistants (GAs) to help with program implementation. Cost for one GA (fall, spring, and summer semesters) = $16,500.00 x 2

There are no specific requirements to implement either program. College of Sunnyville intends to pair a GA from the Psychology Department with the master’s level clinicians who are already members of our campus health clinic to assist with program delivery and implementation of the programs (e-CHECKUP TO GO and BASICS), as well as the alternative events that will be planned each semester. The GAs will be provided with a stipend to work through the fall, spring, and summer semesters. (Rate is $7,000/semester = $1,500 for summer for GAs to work 10 hours per week during the academic semester)

**Other:** $10.00 non-cash incentives for alternative events: 4 events (2 per semester) x 75 participants x $10.00 non-cash incentive = $3,000.00

The non-cash incentives will be provided to the first 75 students to attend the alternative event, “Movie Night on the Square.” These events will be scheduled four times throughout the academic year – two events in the fall and two in the spring.

**Other Support/In-Kind:** 2 master’s level counselors to oversee program implementation and work of graduate assistants (GAs): $45,000 x 2 = $90,000.00. The College has two counselors who are full-time with the College in the health center and will be responsible for implementing the programs and monitoring/mentoring the GAs. The counselors will be trained as the training-of-trainers facilitators for the BASICS program as a sustainability measure for future use of the program with new facilitators (other staff, GAs, etc.).

Rental of big screen for movie alternative events: $300.00 x 4 = $1,200.00. Rental of inflatable screen for alternative events – “Movie Night on the Square.” These events will be scheduled four times throughout the academic year – two events in the fall and two in the spring.

Office supplies/printing cost for program implementation and events – estimated $250.00/month x 9 months = $2,250.00. Costs for GAs and counselors related to program implementation, such as general office supplies, copying of flyers for events, program awareness flyers/posters, etc.

Food/snacks for alternative events: 4 events x 75 participants x $10.00 = $3,000.00

Campus Food Service will provide food and snacks for participants attending the alternative events – “Movie Night on the Square.” These events will be scheduled four times throughout the academic year – two events in the fall and two in the spring.

**Administrative Costs:** None

**Resources**

|  |  |
| --- | --- |
| **Resource Name** | **Web Link** |
| Behavioral Health Among College Students Information and Resource Kit | <https://store.samhsa.gov/sites/default/files/d7/priv/sma19-5052.pdf> |
| Campus Drug Prevention Practitioner’s Toolbox | <https://www.campusdrugprevention.gov/content/practitioners-toolbox> |
| Campus Drug Prevention Resources | <https://www.campusdrugprevention.gov/resources> |
| College AIM (Alcohol Intervention Matrix) | <https://www.collegedrinkingprevention.gov/collegeaim/>  |
| New Guide for Prevention Professionals on College and University Campuses | <https://www.campusdrugprevention.gov/preventionguide> |
| The Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery | <https://hecaod.osu.edu/campus-professionals/prevention/> |

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**Primary Prevention Strategies for South Carolina Colleges and Universities**

**Application Package**

**Questions and Responses**

A response is provided below for each question concerning the application requirements received by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) by 5:00 p.m. on Tuesday, August 10, 2021. Please send email to application@daodas.sc.gov if additional clarification is needed for any of the responses. Thank you.

| **#** | **Question** | **Response** |
| --- | --- | --- |
| **1** | **We have a University that asked if the pre-approved strategies could serve those attending their school AS WELL AS college-age people they may come in contact with but are not yet formally enrolled to help expand the outreach to the college-age population.****Would this be allowable if the individual was not enrolled at the University but enrolled in a pre-approved SOR program held by the University?** | It depends on the strategies selected and the logistics of implementing the strategy. For example, a program such as BASICS would be limited to students who currently attend the college or university. However, a speaking engagement or an alternative activity – such as a community basketball tournament or drug-free movie night hosted on campus – could be open to students and young adults ages 18-25 in the community. |
| **2** | **Are indirect costs, also referred to facilities & administrative costs, allowed or unallowed in our proposed budget for this grant? More information regarding indirect costs can be found at this** [**link**](https://sc.edu/about/offices_and_divisions/sponsored_awards_management/essential_reference_information/facilities_and_administration.php)**.** | As an agency, DAODAS has elected *not* to charge indirect rates for grants. Administrative costs cannot exceed more than 5% of the total award. |
| **3** | **Is this limited to colleges and universities?** | Yes, the funding opportunity is limited to colleges and universities. |
| **4** | **Will the applying college itself be the recipient of the grant? What does “partnership” look like?** | Yes, the college/university will be the recipient. Partnerships will likely be based on local capacity and needs and strategies that are identified for implementation. |
| **5** | **Who is responsible for grant reporting?** | Colleges and universities that receive funding through the grant are responsible for meeting the reporting requirements. |
| **6** | **If an individual was not enrolled at the University but of college-age could they take part in a pre-approved strategy/SOR program that is held by the University under the grant?** | See response to #1. |
| **7** | **Does drug/alcohol testing count as a prevention tool? Can funds requested for increased testing be a part of this grant award?** | No, drug/alcohol testing does not count as a prevention tool or strategy. Applicants may not request funds through the RFP for increased drug/alcohol testing. |
| **8** | **What constitutes unallowable supplies?** | The bullet related to supplies on page 4 under “Unallowable Expenditures” was included in error. The intent was to state that SAMHSA grant funds may not be used to purchase *equipment*, which are items of non-expendable, tangible property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient organization for financial statement purposes *or* $5,000.00. Purchase of *supplies* is allowable. |
| **9** | **Are printed education materials, such as workbooks, allowed or unallowed?** | Yes, printed education materials such as workbooks, etc., are allowable expenses. |