Writing a Winning Proposal Narrative

Workshop #2: Grant Writing Series 2025

In partnership with the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) & Rhode Island Prevention Resource Center (RIPRC)

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DOWNLOAD TOOLKIT:
www.commongooddata.com/grantwriting

Meet Drew: Experienced leader in data and program evaluation

- Social Worker
- 12+ years of experience, since 2018 as a consultant
- Substance use prevention, mental health promotion, case management, community practice, education and youth services
- Part-time instructor, Georgia State School of Social Work

The Common Good Data Podcast

The podcast for nonprofit and public sector leaders looking to use data and evaluation strategies to build effective and sustainable programs in the areas of prevention, mental health, human services, and education

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Two Workshops

Planning for Successful Grant Writing

Thursday, February 13, 10:00-11:30

Writing a Winning Proposal Narrative

Tuesday, February 18, 12:30-2:00

Agenda

1. Write a compelling problem statement
2. How to write a strong project description
    1. Goals and objectives
    2. Evidence-based/informed strategies
3. Design an evaluation plan
4. Describe staff and organizational experience
5. Draft a project budget

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Introductions

To the chat, please add your:

1. Name
2. Title
3. Organization

Pro Tip:

Always start by reading the Notice of Funding Opportunity (NOFO) or Request for Proposals (RFP)

Then read it again.

Then re-read it again.

Grants
Grants Dashboard
How to Apply for a SAMHSA Grant
Grant Review Process
Grants Oversight
Grants Management
Continuation Grants
Block Grants
GPRA Measurement Tools
Contact Information
Grants Glossary
Grant Awards Archive
Grant Awards By State
Grants Training Materials

Strategic Prevention Framework – Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations

Short Title: SPF-PFS-Communities/Tribes
Modified Announcement

Back to the Grants Dashboard

Changes for FY 2024: Application Due Date, Total Available Funding, Number of Awards, and Key Personnel

Notice of Funding Opportunity (NOFO)

The information on this page was updated 11/16/2023 for FY 2024: This Standing NOFO was first announced in FY 2023 and will be open for application submissions for Fiscal Years 2024 and 2025. Below is more information on the due dates by Fiscal Year.

NOFO Number: SP-23-004

Posted on Grants.gov: Thursday, November 16, 2023

Application Due Date: Wednesday, February 21, 2024

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Intergovernmental Review (E.O. 12372): Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description

The purpose of this program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of community-based substance misuse prevention and mental health promotion services. The program is intended to expand and strengthen the capacity of local community prevention providers to implement evidence-based prevention programs.

Application Materials

- NOFO Document (PDF | 727.1 KB)
- NOFO Document (DOC | 193.18 KB)
- Pre-Application Webinar Announcement for this RFA (PDF | 110.69 KB)
- Pre-Application Webinar (55 minutes, 12 seconds)
- Pre-Application Webinar Slides (PDF | 796 KB)

Useful Information for Applicants

- Application Forms and Resources
- Applying for a New SAMHSA Grant
- Search Grants.gov and Apply Now

Write a compelling problem statement

From Workshop #1…Assessment

- Assess the ***problem:***
  - What, how often, where, and who
- **Prioritizing** problems:
  - Magnitude, severity, trend, changeability
- ***Risk*** **and** *Protective* **Factors**

Risk Factors	Protective Factors
Low impulse control	Academic achievement
Peer use	Parental bonding
Lack of parental monitoring	Family cohesion
Easy access	Social capital
Mental health challenges, stress	Community engagement

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Outline of a problem statement

- Population of focus
  - Geographic bounds
  - Cultural groups (e.g. Latino, Black)
  - Demographic details
- Problem areas
  - Substance(s) type: Alcohol, tobacco/vaping, marijuana, Rx drugs
    - But why? But why here?
- Summary/thesis statement
  - ^^^Summarize the above in a single, completed thesis statement.

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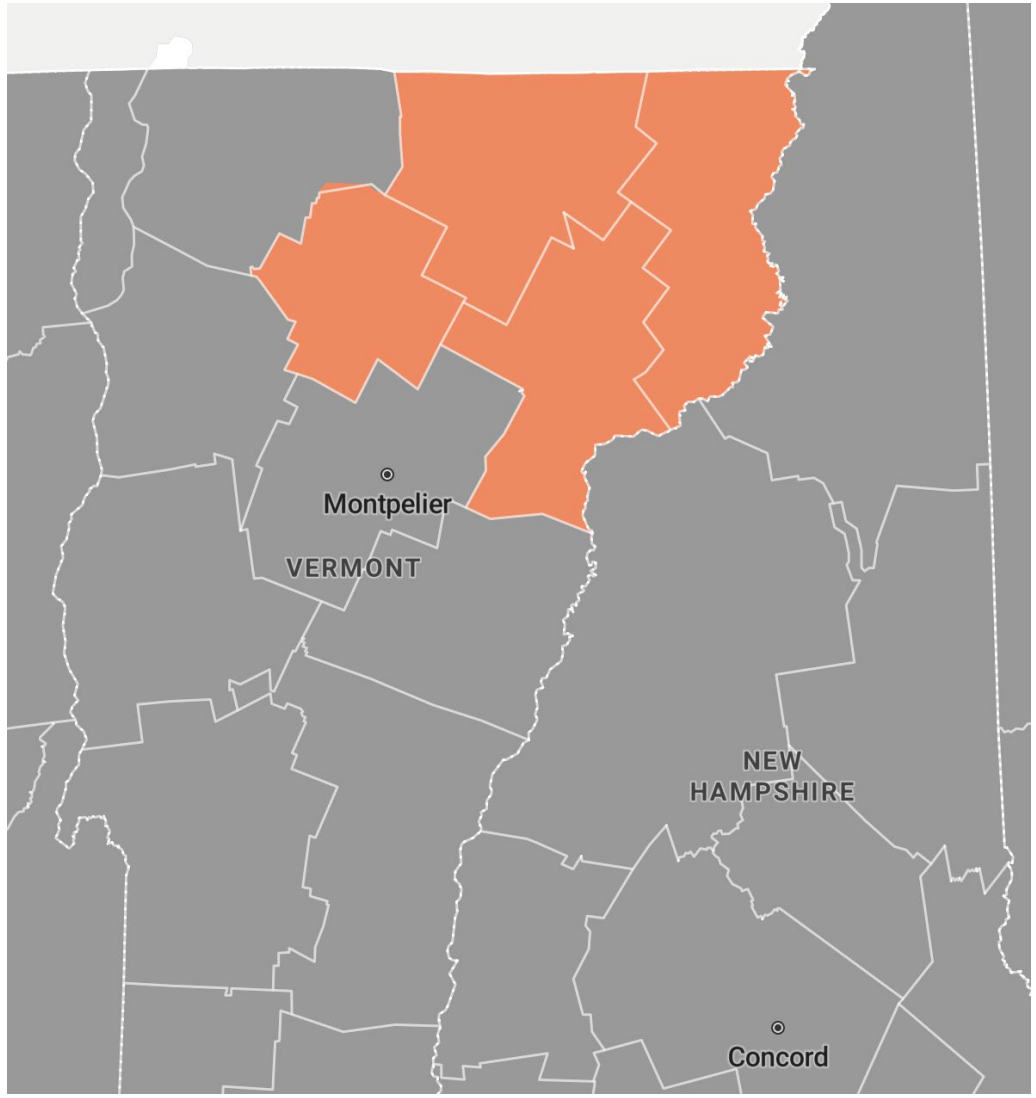
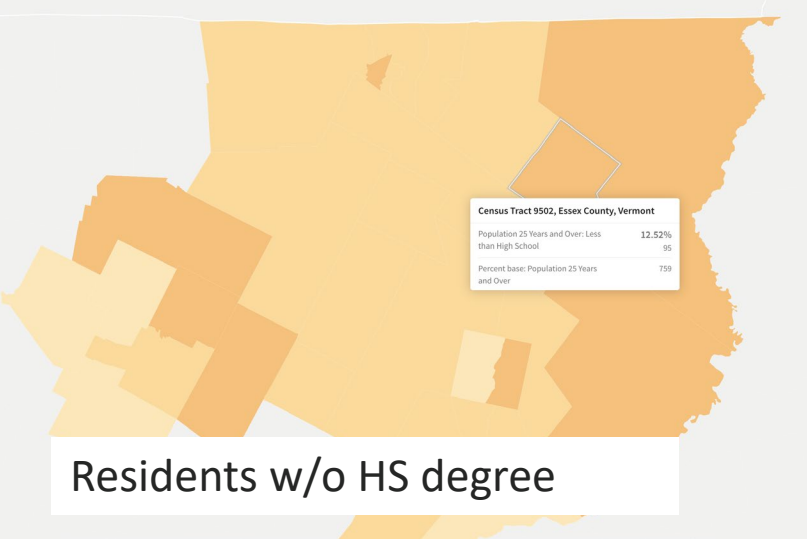
Example: NE Vermont

Key: narrow the focus to be more specific



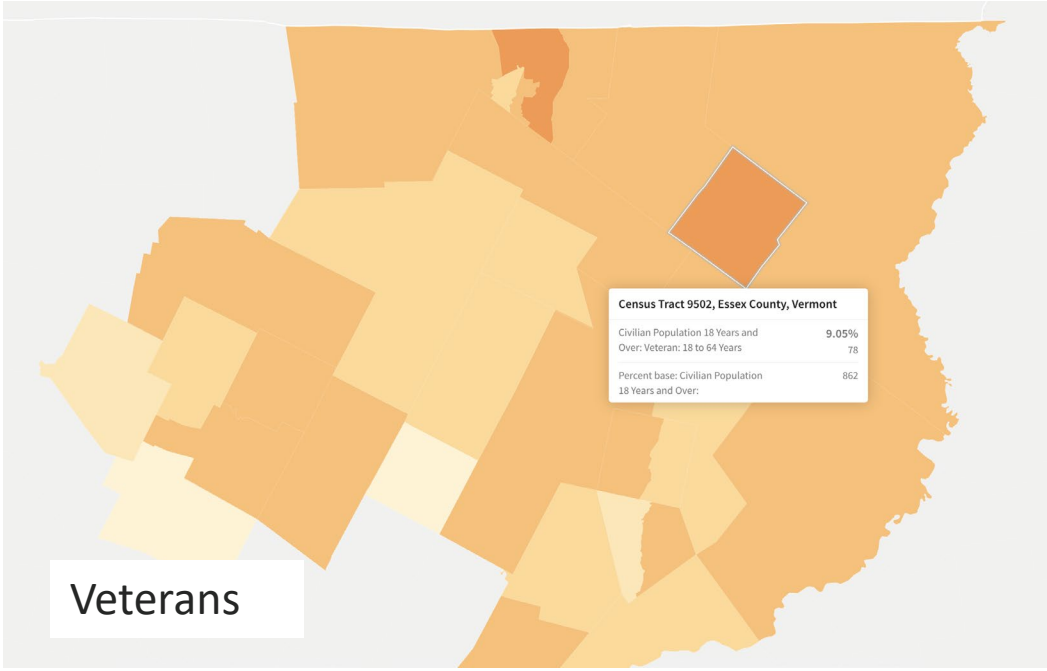
Vermont: Identifying Specific Population

Families below poverty level



Residents w/o HS degree

Important to specify your population of focus.



Veterans

From: 2023 ACS Census data represented using *Social Explorer*

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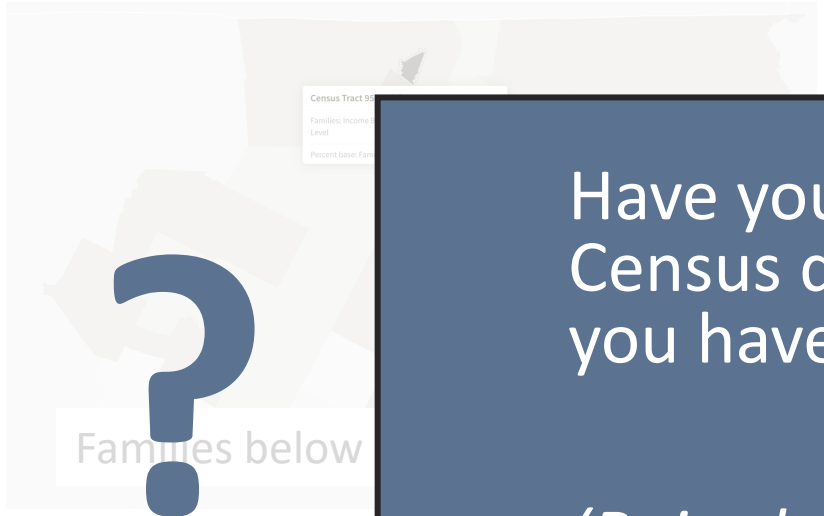
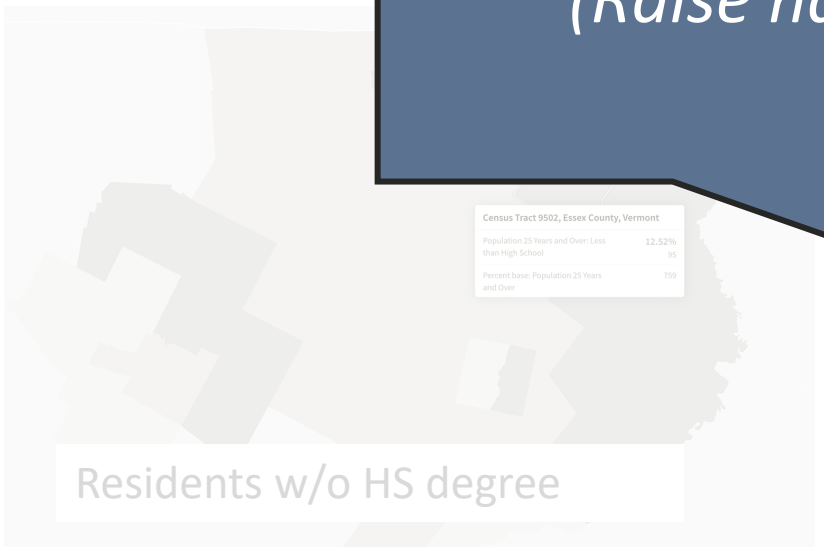
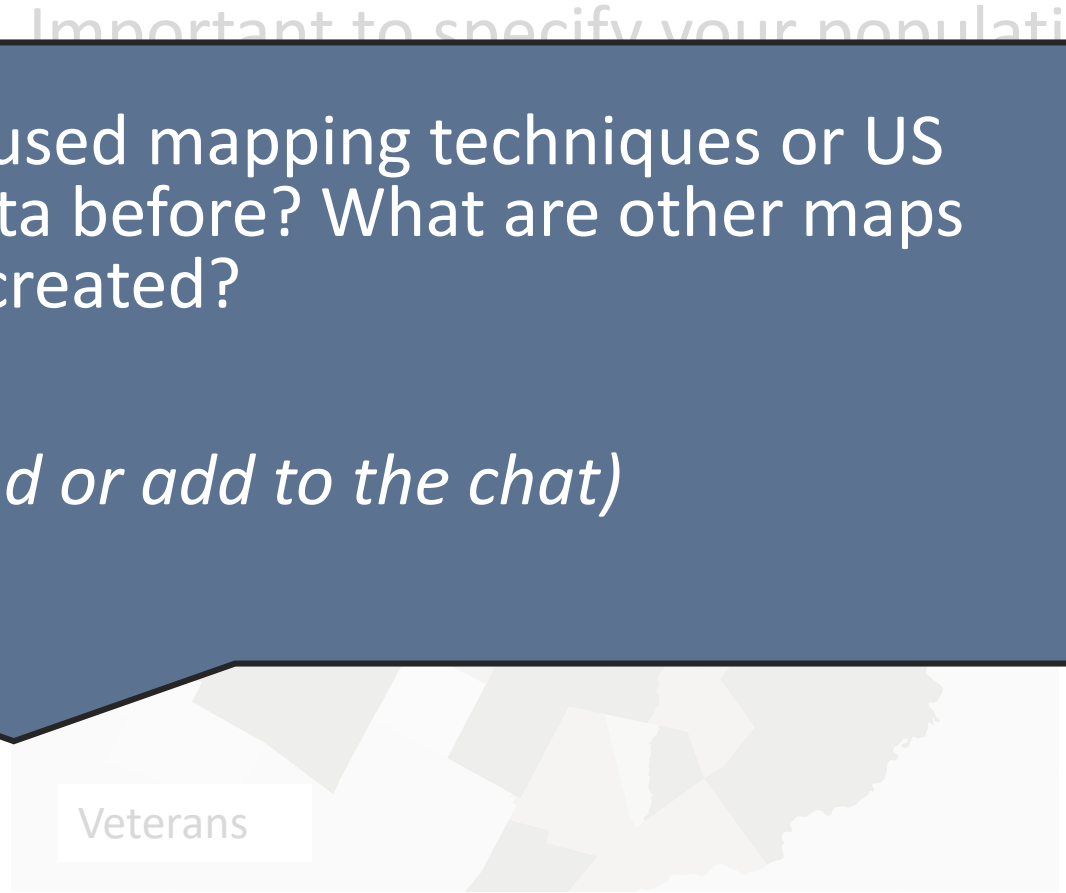
Discussion







From: 2023 ACS Census data represented using *Social Explorer*

Have you used mapping techniques or US Census data before? What are other maps you have created?

(Raise hand or add to the chat)

Substance Use Data: The YRBS

- Once you have geography and demographic data, add data about substance use.
- Sources:
  - Youth Risk Behavior Surveillance System (CDC)
    - Sometimes, have local geographies (including DeKalb County, GA, in 2017)
  - National Survey on Drug Use and Health (NSDUH)
    - State Reports
  - School climate and health surveys
    - Example: Georgia Student Health Survey
  - County Health Assessments

Discussion

Where are some examples of **data sources that you use** from your own practice?

(Raise hand or add to the chat)

Rhode Island YRBS Report

https://health.ri.gov/data/youth-risk-behavior-survey-data

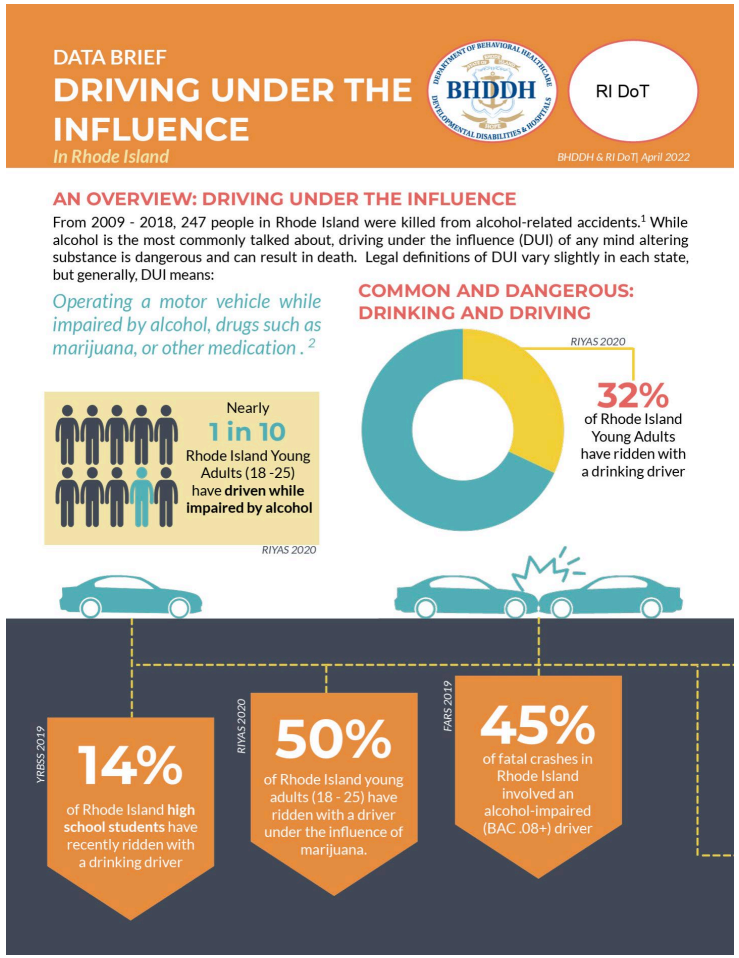
2023 YOUTH RISK BEHAVIOR SURVEY RESULTS

Rhode Island High School Survey
Trend Analysis Report

Total
Alcohol and Other Drug Use

Health Risk Behavior and Percentages											Linear Change*	Quadratic Change*	Change from 2021-2023 †
2003	2005	2007	2009	2011	2013	2015	2017	2019	2021	2023			
QN41: Percentage of students who had their first drink of alcohol before age 13 years (other than a few sips)													
24.7	21.7	21.1	15.8	15.6	13.5	11.4	12.1	10.2	11.9	11.1	Decreased, 2003-2023	Decreased, 2003-2015 No change, 2015-2023	No change
QN42: Percentage of students who currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)													
44.5	42.7	42.9	34.0	34.0	30.9	26.1	23.2	21.5	17.2	18.3	Decreased, 2003-2023	No quadratic change	No change
QN43: Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours, on at least 1 day during the 30 days before the survey)													
							11.2	10.7	8.2	9.3	No linear change	Not available§	No change

Other Data Sources



https://reportcard.ride.ri.gov/202324/StateAccountability

ary Success | Student Absenteeism | Teacher Absenteeism | Suspension | Exceeds - ELA | Exceeds - Math | Proficiency Progress - EL

Out-of-School Suspension

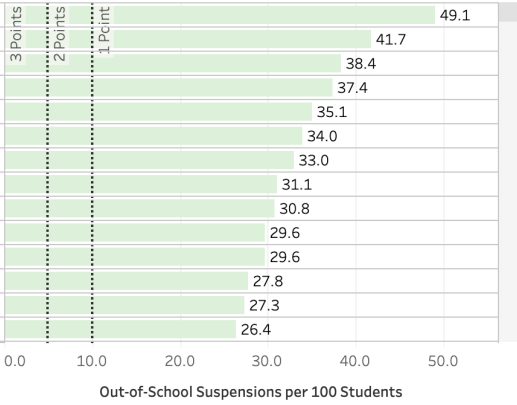
The annual number of out-of-school suspensions per 100 students

Suspension Points	Out-of-School Suspensions per 100 Students
3 Points	< 5.0
2 Points	>= 5.0 AND < 10.0
1 Point	>= 10.0

District: (All)
School: (All)
Grade Span: (All)
Group: All Students

Dotted lines in chart correspond to cut points in table above.

School	Grade Span	Points (out of 3)	Group
Frank E. Thompson Middle Scho..	Middle	1	All Students
John F. Deering Middle School	Middle	1	All Students
West Broadway Middle School	Middle	1	All Students
Woonsocket Middle School at H..	Middle	1	All Students
Highlander Secondary Charter ..	Nonstandard ..	1	All Students
Roger Williams Middle School	Middle	1	All Students
Esek Hopkins Middle School	Middle	1	All Students
Dr. Jorge Alvarez High School	High	1	All Students
Webster Avenue School	Elementary	1	All Students
Urban Collaborative Accelerate..	Middle	1	All Students
Apprenticeship Exploration Sch..	High	1	All Students
Joseph Jenks Middle School	Middle	1	All Students
Woonsocket Middle School at V..	Middle	1	All Students
Nathan Bishop Middle School	Middle	1	All Students



Additional years of data were not added for groups of fewer than 20 students in 2023-24..
*Blank rows indicate too few students to report.
**Schools and subgroups with 10-19 students are reported, but not included in accountability determinations.

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But why, and why here? Add Context to the numbers

Some (possible) reasons why Rhode Island youth might use substances

1) Mental health challenges and coping
2) Social media usage
3) Peer influences, social norms
4) Exposure to violence/trauma
5) Access at retailers

Research

- Citing research can increase credibility and knowledge of the issue.
- Check with university libraries, Google Scholar

Data for risk and protective factors

- The other 3 of the 4 Core Measures
  - Peer disapproval of use
  - Parent disapproval of use
  - Perception of risk.
- Other risk/protective factors
  - School climate
  - Neighborhood exposure to violence/trauma
  - Parental monitoring, other adults
  - Access to youth programs and activities, faith community

Context: Vermont youth may not have access to resources in their schools and neighborhoods, including youth programs, which could contribute to health disparities.

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Discussion

- The other 3 of the 4 Core Measures
  - Peer disap
  - Parent dis
  - Perceptio
- Other risk/pro
  - School cli
  - Neighbor
  - Parental r
  - Access to

What are some risk and protective factors that you have focused on in your grants and projects?

(Raise hand or add to the chat)

Context: Latino youth may not have access to resources in their schools and neighborhoods, including youth programs, which could contribute to health disparities.

Problem Summary

General

Specific

Population, Geography	NE Vermont residents experience XXX… have less access too XXX resources…
Substance Use	NE Vermont youth are using alcohol at higher rates than the state average
Consequences	NE Vermont youth are at increased risk for drunk driving accidents
Why/Why here, context	NE Vermont youth may use alcohol to cope with stress and mental health challenges associated with social medial use
Needs	Vermont youth need programs to help manage and cope with stress and reduce social media use to prevent drunk driving and alcohol use.

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Refer to the Template

Data Sources

It's helpful to use many different data sources when planning for grant writing. Whenever possible, use existing data sources to measure and track your progress, and collect data only to fill in gaps where you cannot access the data through secondary sources. Use the checklist below to see what data sources you may already have access to in your community, and which new opportunities you'd like to explore. Mark whether the data includes substance use, risk/protective factors, or consequence data.

	Substance Use	Risk/Protective Factors	Consequences
Secondary Data			
Substance Use Data			
- Youth Risk Behavior Surveillance System (YRBSS)	X	X	X
- National Survey on Drug Use and Health (NSDUH)	X	X	
- State survey (schools), e.g. School Climate Survey	X		
- State survey (health)	X		
- County health survey	X		X
- County health department – Opioid Dashboards, ER			X
- School discipline data (state or local)			X
- School climate surveys (e.g. PRIDE survey)	X	X	
Primary Data Collection			
- Program pre-post surveys	X	X	
- School Youth Drug Survey, four core measures	X	X	

Problem Summary

Now, it's time to put it all together. Draft your problem summary / thesis statement using the spaces below as a guide.

Topic	Description
Population, Geography	
Substance Use	
Consequences	
Why/Why here, context	
Needs	

All Together	

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How to write a strong project description

Writing goals

GOALS

Definition − a goal is a broad statement about the long-term expectation of what should happen because of your program (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 only be 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 expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.
- Goals are concise.

Source: FY24 PFS Grant NOFA, SAMHSA

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Writing goals

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.

Source: FY24 PFS Grant NOFA, SAMHSA

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Goals Example: Rhode Island

Goal 1 – Reduce Underage Alcohol Use Among Youth (Ages 12-20) in Rhode Island by 10% as measured by the Rhode Island YRBS.

?

Do goals 1) address outcomes, 2) describe the behavior/condition change, 3) describe who will be affected? Are they 4) measurable and 5) concise?

Writing Objectives

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-bound

Examples:

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 by when 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 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.***

Source: FY24 PFS Grant NOFA, SAMHSA

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Objectives Example

Goal 1 – Reduce Underage Alcohol Use Among Youth (Ages 12-20) in Rhode Island
Objective 1.1: Decrease the percentage of middle and high school students who report past 30-day alcohol use by 10% over the next three years, as measured by the Youth Risk Behavior Survey (YRBS).
Objective 1.2 Increase the number of schools and community organizations implementing evidence-based alcohol prevention programs (e.g., Botvin LifeSkills Training, Too Good for Drugs) by 25% within three years.
Objective 1.3: Expand community education initiatives to reach at least 250 parents and caregivers annually with information on youth alcohol prevention and parental monitoring strategies within three years.

Objectives addresses outcome (substance use), describe change (access to prevention programs), describes who benefits (RI youth), are concise and measurable, and are time-bound

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Program/Activity Descriptions

- What is the activity, in detail?
- Who will implement the activity?
- When will they do it? –> *Consider your timeline.*
- Where will they do it?
- How will they do it?

The more specific you are, the better your proposal will be.

Discuss the Process

Strategic Prevention Framework:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

Most grants also required a **timeline**

Describe Staff and Organizational Experience

Showing expertise: Resumes, Biosketches, Experience

- Go beyond just academic degrees and professional titles.
- Other things to include:
  - Experience working/living with population served by grant
  - Language skills and cultural fluency
  - Big achievements (e.g. other large grants managed)
  - Publications or research reports
  - Years of experience working 1) in prevention, or 2) with youth
  - Leadership experience
  - History of collaboration/partnerships

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Example Table

Personnel	FTE	Role	Qualifications
Project Director	1.0 FTE	• Project management and oversight. • Supervise Project Coordinator and two interns. • Lead contact for establishing, maintaining, and expanding partnerships • Serve on DeKalb County substance use coalition • Work with evaluator for all reporting requirements.	- Master of Public Health - 15 years experience in prevention - Co-author on 3 peer-reviewed publications on substance use prevention topics - Trained in four evidence-based programs, including Keepin' it Real. - Experience working with Latino community, bilingual and bicultural English-Spanish speaker.
Project Coordinator	…	• …	…
Intern	…	• …	…
Evaluator	…	• …	…

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Design an evaluation plan

What are you measuring?

- Every **outcome** measure in your Objectives must have a clear way to be measured.
  - E.g. – 30 day use in school survey
  - E.g. - # of suspensions due to alcohol and drugs
  - E.g. - # of driving accidents involving youth and alcohol
- If you can, also include how measuring/tracking **outputs**, though not always enough space
  - E.g. - how you will count how many people attended a town hall.
  - E.g. – how many people you reached in communications campaign

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How will you measure it?

Secondary data: Use what's out there: substance use surveys, school district data, county health department data, opioid dashboards, etc.

Focus Groups, Key Informant Interviews: Gather contextual data that informs not just the *what* but the *how and why*.

Surveys: Helpful for quantitative data not collected in secondary sources. Hint: Focus on just 1-2 surveys. Consider incentives.

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How will you measure it?

Obj	Data Collection Source and Performance Measures	Frequency	Resp. Staff	Analysis
1.1	GA Health Survey: Reduce alcohol use among HS youth from focus area schools from 12.5% to 10.0% by end of grant period	1x, in 2025	Analyst, Evaluator	Change in %
1.3	Keepin' in Real Youth Survey: % increase in youth social skills, % increase in risk/protective factors (e.g. peer/parent disapproval, perception of risk).	Program survey	Coordinator, Evaluator	% change, t-test.
2.2	20% Reduction in out-of-school-suspensions due to alcohol and drug possession from focus area schools by end of grant period	Annual	Analyst, Evaluator	% change, t-test

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Data Security & Management

- How will you keep primary data collected secure? How will you keep it confidential? Some tips:
  - Save on password protected/encrypted drive
  - Limit access to users. Who is in charge?
  - Limit how data are shared/transferred
  - Sharing in aggregate, set rule for < N for sharing.
  - Data security agreements (DSAs).

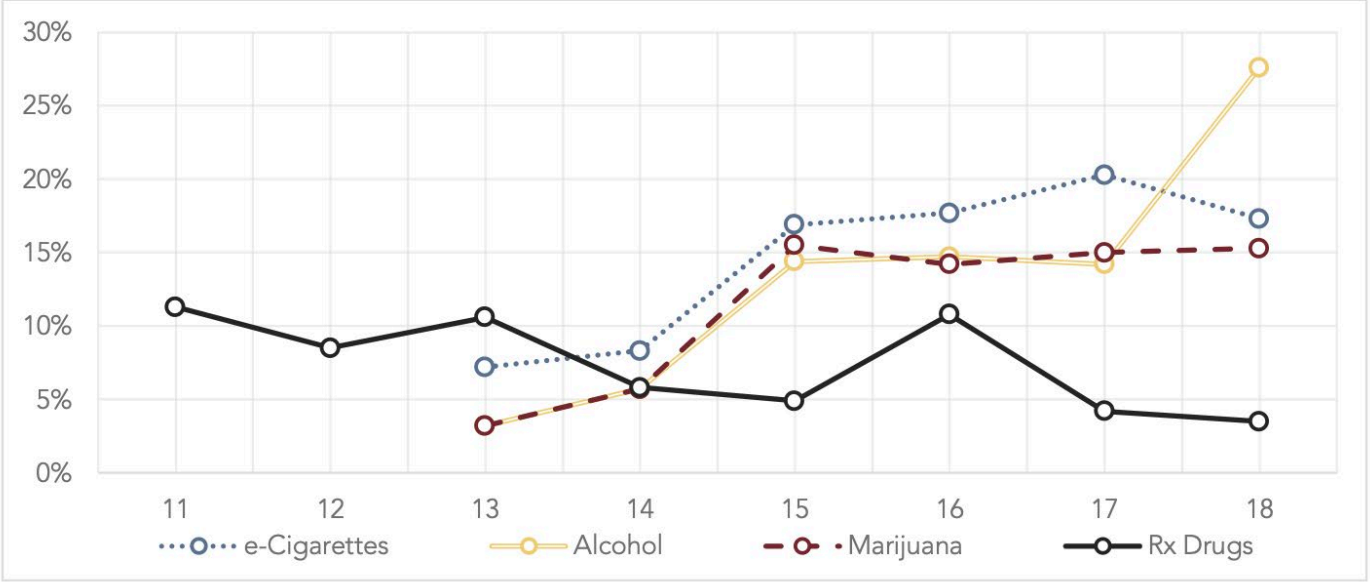
Protecting Participants

- Research Ethics: Belmont Report
  - Informed Consent
  - Risks and Benefits
  - Selection of participants
- Design and share consent forms
- Ensure you share what **real risks** and benefits are (typically not 0).
- Does everyone have equal chance to benefit? Risk shared equally?

Reporting and Dashboarding

- Who will create dashboards?
- What will they show?
- How often are they updated?
- How do they drive decision-making?

Figure 5: 30-day substance use by age



Refer to the Template

Design an Evaluation Plan

Every **outcome** measure in your Objectives must have a clear way to be measured. E.g. – 30 day use in school survey

- E.g. - # of suspensions due to alcohol and drugs
- E.g. - # of driving accidents involving youth and alcohol

If you can, also include how measuring/tracking **outputs**, though not always enough space

- E.g. - how you will count how many people attended a town hall.
- E.g. – how many people you reached in communications campaign

Use the table below to draft your data collection sources, and map them back to the objectives you previously described. Make sure that each objective with an outcome is reflected in the table below.

Obj #	Data Collection Source and Performance Measure	Frequency	Resp. Staff	Analysis

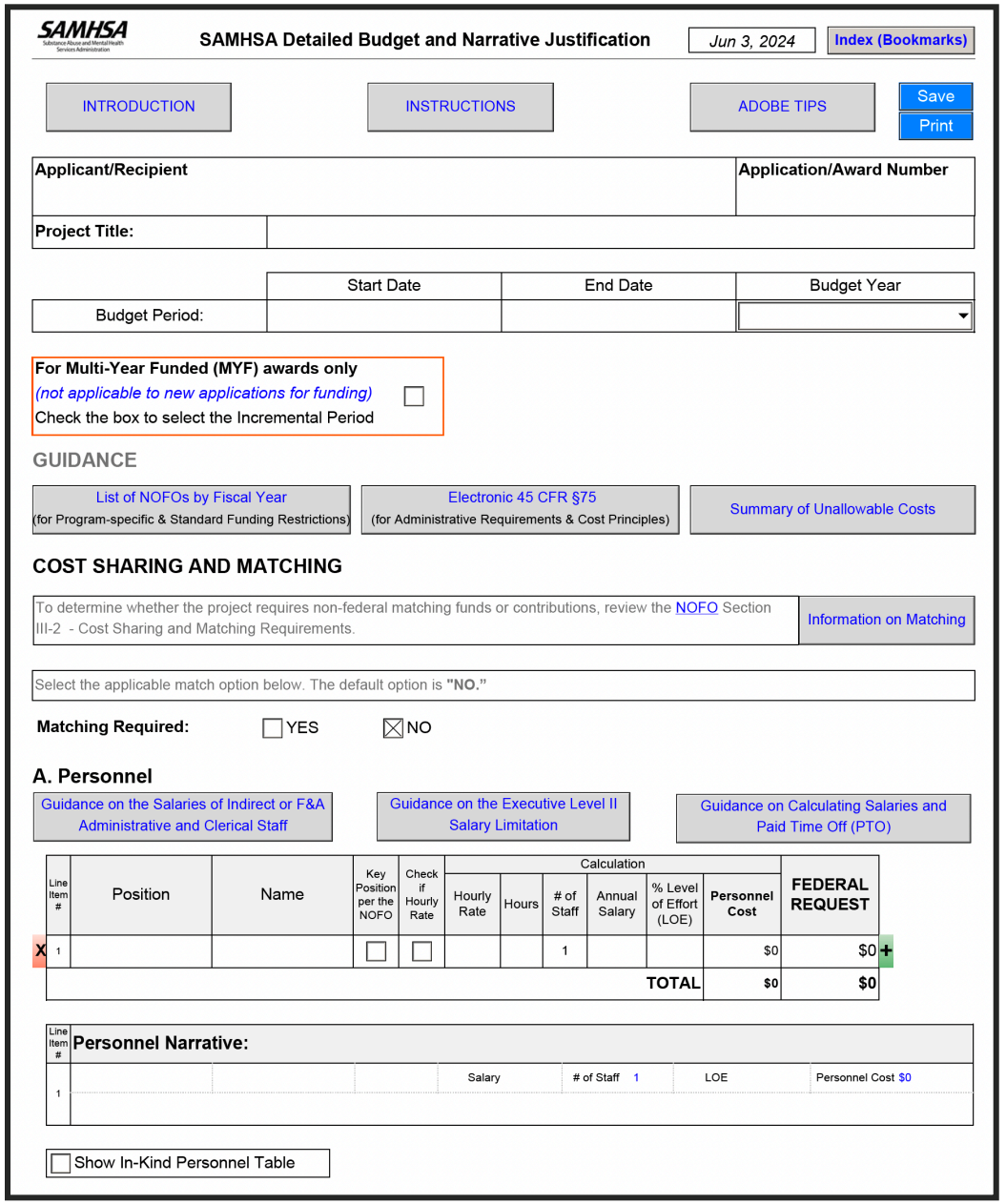
Protecting Participants: Describe procedures you'll take to protect participants. Include how you will develop an informed consent procedure, share risks and benefits with participants, and ensure the fair and equitable selection of participants.

Reporting and Dashboarding: Describe procedures you'll take to report on your progress. Who will create reports and dashboards, and what will they show? How often will they be updated? What procedures will you use to ensure the data inform decision-making?

Draft a project budget

Template

- Always use the template
- Template should auto-calculate for you
- Consult with CFO, ED, or person in charge of budgets.



SAMHSA Substance Abuse and Mental Health Services Administration

SAMHSA Detailed Budget and Narrative Justification | Jun 3, 2024 | Index (Bookmarks)

INTRODUCTION | INSTRUCTIONS | ADOBE TIPS | Save | Print

Applicant/Recipient	Application/Award Number
Project Title:	

	Start Date	End Date	Budget Year
Budget Period:			

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding)
Check the box to select the Incremental Period ☐

GUIDANCE

List of NOFOs by Fiscal Year (for Program-specific & Standard Funding Restrictions) | Electronic 45 CFR §75 (for Administrative Requirements & Cost Principles) | Summary of Unallowable Costs

COST SHARING AND MATCHING

To determine whether the project requires non-federal matching funds or contributions, review the NOFO Section III-2 - Cost Sharing and Matching Requirements. | Information on Matching

Select the applicable match option below. The default option is **"NO."**

Matching Required: ☐ YES ☒ NO

A. Personnel

Guidance on the Salaries of Indirect or F&A Administrative and Clerical Staff | Guidance on the Executive Level II Salary Limitation | Guidance on Calculating Salaries and Paid Time Off (PTO)

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation: Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)	Personnel Cost	FEDERAL REQUEST
X 1			☐	☐			1			$0	$0 +
									TOTAL	**$0**	**$0**

Line Item #	Personnel Narrative:						
1				Salary	# of Staff 1	LOE	Personnel Cost $0

☐ Show In-Kind Personnel Table

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Funding Areas

- Staff (personnel, fringe benefits)
- Program materials
  - Travel
  - Equipment
  - Supplies
  - Contracts
- Construction (if allowed)
- Indirect Costs

Budget Narrative

- Should explain how budget items are directly related to the Program Narrative
- Demonstrate **alignment.** Are you funding what you actually said you were going to do?

Questions?

www.commongooddata.com/grantwriting

drew@commongooddata.com

Podcast:

“The Common Good Data Podcast”

Thank You

drew@commongooddata.com