Department of Health and Human Services

Substance Abuse and Mental Health

Services Administration

Screening, Brief Intervention, and Referral to Treatment

(Short Title: SBIRT)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-010

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by April 12, 2024.**
FY 2024 NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I of the Application Guide.*
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes**: 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A of the Application Guide*** (Application and Submission Requirements) to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for the fiscal year 2024 for the Screening, Brief Intervention and Referral to Treatment (SBIRT) program**.** The purpose of this program is to implement the screening, brief intervention, and referral to treatment public health model for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs) health plans, Federally Qualified Health Centers (FQHC), behavioral health centers, pediatric health care providers, children's hospitals) and schools with a focus on screening for underage drinking, opioid use, and other substance use. Recipients will be expected to deliver early intervention for individuals with risky alcohol and drug use, as well as the timely referral to more intensive treatment for those who have substance use disorders. With this program, SAMHSA aims to reduce risky alcohol and other drug use and reduce the negative physical and behavioral health consequences of this use.

Funding Opportunity Title:	Screening, Brief Intervention, and Referral to Treatment (Short Title: SBIRT)
Funding Opportunity Number:	TI-24-010
Due Date for Applications:	April 12, 2024
Estimated Total Available Funding:	Up to $9,950,000
Estimated Number of Awards:	Up to 10 (At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.)
Estimated Award Amount:	Up to $995,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 5 years

Eligible Applicants:	Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	SBIRT grants are authorized under the Public Health Service Act, Title V, Section 509; 42 U.S.C 290bb-2, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to implement the Screening, Brief Intervention, and Referral to Treatment public health model for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs) health plans, Federally Qualified Health Centers (FQHC), behavioral health centers, pediatric health care providers, children's hospitals) and schools with a focus on screening for underage drinking, opioid use, and other substance use. For the purpose of this NOFO, pediatric health care providers are a provider of primary health care to serve youth 12 to 21 years of age. This program is designed to expand and/or enhance the uptake of SBIRT into routine healthcare and other encounters with children, adolescents, and/or adults for a system-level approach to reducing alcohol and other drug (AOD) consumption and its negative health impacts. These awards support clinically appropriate services for persons at risk for substance use disorder (SUD) as well as those diagnosed with SUD.

According to the National Survey on Drug Use and Health (NSDUH), rates of substance use differ by race and ethnicity, with people of color often reporting higher rates of use than White individuals.

- Illicit drug use, including marijuana use: American Indian or Alaska Natives (AI/AN), Multiracial populations, and Black or African Americans (aged 12 or older) report higher rates of past year use than White populations (36.1%, 34.6%, and 24.3% compared to 22.5%, respectively)[1]. Nearly half (49.7%) of Lesbian, Gay, or Bisexual adults 18 or older reported illicit drug use in the past year[2].
- Alcohol use: White individuals 12 or older report higher rates of past month use than other racial and ethnic groups.
    - Past month binge alcohol use was higher among Multiracial and Hispanic individuals (26.2% and 22.9%, respectively, compared to 21.9% of White people).
    - Past month heavy alcohol use was higher among AI/AN, at 7.2% compared to 6.7% of White people.
- Substance use disorder (SUD), including alcohol use disorder, drug use disorder, and illicit drug use disorder: There were 16.5% (46.3M) of people aged 12 or older in the United States in 2021 with an SUD. Rates of SUD were higher among minority populations than among White populations, with 27.6% of AI/AN 20.7% of Native Hawaiian or Other Pacific Islanders, and 17.2% of Black or African Americans reporting an SUD compared to 17% of the White population[1]. Lesbian, Gay, or Bisexual adults also had high rates of SUD (32.3%)[2].
- Underage alcohol consumption rates (age 12-20) and opioid use rates among minors (ages 12–17) remained unchanged between 2021 and 2022 at 15.1% and 1%, respectively. Stable rates between 2021 and 2022 suggest a need for

increased implementation of tools to screen youth and young adults for SUD, with a special focus on minority populations[3].

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by Executive Order 13985. Recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

SBIRT grants are authorized under the Public Health Service Act, Title V, Section 509; 42 U.S.C 290bb-2, as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, whether or not they receive a salary from the project. Key personnel must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in racial/ethnic makeup, sexual orientation/gender identity, and socioeconomic status of the geographic catchment area.

Key personnel for this program are the Project Director at 100% Level of Effort and the Project Evaluator at a minimum of 10% Level of Effort.

- The Project Director is responsible for oversight of the project.
- The Project Evaluator is responsible for gathering and analyzing data to determine the success and impact of programs/projects, processes, or polices.

If you receive an award, you will be notified if the individual(s) designated for these positions have been approved. If you need to replace Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services by the fourth month of the award. You are expected to serve the unduplicated number of individuals proposed in the Project Narrative (B.1).

You must provide a description in B.2. of the Project Narrative of how you plan to implement all the required activities listed below.

Recipients are required to carry out each of these activities.

- Screen all participants for substance use using either a full screen or a pre-screening followed by a full screen for those individuals who test positive on a pre-screen.

- Select validated, culturally adapted, linguistically appropriate screening instruments for any pre-screening and all full screens. Examples are below:
    - Pre/Screening (with universal pre-screening and typically applied in high patient volume locations and in conjunction with full-screening tools) can include:
        - National Institute on Drug Abuse (NIDA) Quick Screen[1];
        - NIDA Single-Question Screening Test for Drug Use[2];
        - National Institute on Alcohol Abuse and Alcoholism (NIAAA) Single Alcohol Screening Question (SASQ)[3];
        - AUDIT (Alcohol Use Disorders Identification Test) C + binge question.

    - Full screening tools for alcohol use among adults may include:
        - AUDIT (full screen)
        - USAUDIT (full screen)

    - Full screening tools for illicit and prescription drug misuse among adults may include:
        - Drug Abuse Screen Test – 10 Questions (DAST-10)
        - The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
        - Alcohol, Smoking and Substance Involvement Screening Test – Frequency & Concern Items (ASSIST-FC)

    - Full screening tools for alcohol and drugs for children and adolescents may include:
        - S2BI (Screening to Brief Intervention)
        - Self- or interviewer administered BSTAD (Brief Screener for Tobacco, Alcohol and Other Drugs)
        - NIAAA Youth Alcohol Screen (Youth Guide)
        - CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)

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[1] https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf

[2] Module: Single-Question Screening Test for Drug Use | NIDA CTN Common Data Elements (nih.gov)

[3] Screen and Assess: Use Quick, Effective Methods | National Institute on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)

        - Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
        - AUDIT

    See Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) or Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide for additional resources.

- If a patient screens positive for drug misuse on either a pre-screen or a full screen, conduct a brief assessment to identify the specific type(s) of drug(s) used, consumption level, and impact on functions of daily living. Staff will refer patients to a provider capable of determining and/or confirming a diagnosis of a SUD, a level of severity of that diagnosis, and which type of treatment options are available for the SUD(s).

- Screen and assess clients for the presence of co-occurring serious mental illness and SUD using validated screening instruments and use the information obtained from the screening and assessment to develop culturally appropriate treatment approaches for the persons identified as having co-occurring disorders.
    - In their interventions with children, providers must also educate parents/caregivers about the dangers of substance use, using linguistically and culturally appropriate resources and information.

- Provide brief interventions for individuals screening positive on a full screen with the level of brief intervention determined based on shared decision-making with the individual and the SBIRT staff.

    The two levels of Brief Interventions (BI) are:
    - Short course brief intervention:
        - (1 to 5 sessions) delivered with client centered, non-judgmental, Motivational Interviewing (MI) techniques.
        - The focus is on raising an individual's awareness of their substance use and motivating them toward behavioral change.
        - The selected BI approach must be described in the Section B of the Project Narrative.

    - Extended brief intervention (brief treatment):
        - (up to 12 sessions) including:
            - The monitoring of individuals who misuse AOD but have not yet developed a severe SUD.
            - This is a distinct intervention that consists of a limited course of highly focused clinical sessions.

- **Provide a Referral to Treatment (RT):**
  Note: SAMHSA expects that the local specialty SUD treatment system serving

the geographical area will be integrated into the award through contractual or other formal agreements to accept those individuals the provider determines will be in need of such care post screening with minimal wait time. (FindTreatment.gov may be a helpful resource for finding treatment providers.) This activity is critical to the SBIRT project to increase treatment engagement and maintenance of those diagnosed with SUD. This will require a very careful calculation of proposed target numbers to ensure those predicted to need these services will have ready access to the treatment they need.

  - Applicants must show, through securing Letters of Commitment (LOC), that once awarded they will be able to secure contractual or financial arrangements under the award to procure these services based on the number of individuals predicted to need such services. These Letters of Commitment must be included in **Attachment 1**. If awarded, applicants will be required to provide Memoranda of Understand/Agreement as specified in the Notice of Award.

  - Specialty treatment services, with or without medications as individually indicated, may include:
    - Comprehensive assessment
    - Outreach/pretreatment services
    - Outpatient services
    - Intensive outpatient services
    - Partial hospitalization/high intensity outpatient services
    - Residential services

- Provide case management and referral to specialty treatment sources utilizing a 'warm handoff'[4] procedure for individuals who are identified as needing these services.

- Provide wraparound services addressing barriers to access to care, such as transportation to treatment, peer support, or recovery support services.
    - Applicants must submit LOCs that specify the nature of the participation and the service(s) that will be provided by organization(s) that have agreed to partner in the project. The LOCs must be included in **Attachment 1**. Applicants must also submit written agreements with the medication providers as well as the details of the referral mechanism in **Attachment 1**.

- **Develop Treatment Protocols and Plans for Project Assessment**
  - To ensure sustainability of the program at the end of the project period,

[4] A warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient (and family if present).

develop step-by-step actions to integrate SBIRT into daily care and treatment protocols, especially in treatment settings in underserved communities. In these communities, underserved populations, as defined in Executive Order 13985, are often disconnected from a usual source of continuous primary and behavioral health care.

- Develop plans for ongoing assessment of system gaps and identification of populations and communities to be served, including underserved communities experiencing high rates of AOD.

- All services provided must be conducted in a trauma informed manner.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities:

- Develop and implement tobacco cessation programs, activities, and/or approaches.

- Screen for suicide risk.

- Implement efforts to include SBIRT practices in electronic health records or use of automated devices to enhance treatment.

- Develop and disseminate materials on best practices, including culturally and linguistically appropriate best practices, as appropriate.

- Train health care providers on best practices.

- Assess for and respond to the needs of individuals and families served by the program who are at risk for or experiencing homelessness. This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless Coordinated Entry systems.

Capacity Building

Capacity-building involves strengthening the ability of an organization to meet identified goals so that it can sustain or improve the delivery of services. Capacity-building activities may include, but are not limited to, training, education, and technical assistance; expansion of partnerships; and the development of program materials. SAMHSA recognizes that you may need to implement capacity-building activities to provide or expand direct services or improve their effectiveness. In B.2 of the Project

Narrative, applicants must describe the use of funds for capacity building, if applicable, such as:

- Developing partnerships with other providers for service delivery and with stakeholders serving the population of focus, including underserved and diverse populations.

- Training/workforce development to help your staff or other providers in the community identify mental health or substance use issues or provide effective culturally and linguistically competent services consistent with the purpose of the program.

- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development or revision of credentialing, licensure, or accreditation requirements)[5].

- Implementing, acquiring, or upgrading health information technology.

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An ***evidence-based practice*** (EBP) is a practice that has been documented with research data to show its effectiveness. A ***culturally adapted practice*** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. ***Community-defined evidence practices*** (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time,

[5] For purposes of this NOFO efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and recipients may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Both researchers and practitioners recognize that EBPs, culturally adapted practices, and CDEPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices, CDEPs, and/or culturally promising practices that are appropriate, you may implement these interventions.

In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the Fidelity Monitoring Checklist. In situations where an EBP is appropriate but requires additional culturally informed practices, discuss this in C.1.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E of the Project Narrative.

Recipients are required to report performance on the following measures:

- Number of individuals served
- Diagnoses
- Substance use
- Living condition
- Employment/Education
- Social connectedness
- Mental and physical health problems
- Access to treatment
- Treatment(s) provided
- Retention in treatment

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) data using a uniform data collection tool to be provided by SAMHSA. An example of a tool: GPRA Client Outcome Measures for Discretionary Programs. This tool collects data on program participants and the services provided during the program. Data will be collected at three points: intake to SAMHSA-funded services, six-month follow-up, and discharge from the SAMHSA funded services. Recipients will be expected to do a performance interview on all clients for their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent for those individuals who screen positive and are referred for treatment. Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you submit allows SAMHSA to report on key outcome measures such as abstinence, employment, education, and stability in housing. Performance measures are also used to show how programs are reducing disparities in behavioral health access, increasing client retention, expanding service use, and improving outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements.)

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the *Application Guide, Section D – Developing Goals and Measurable Objectives and Section E – Developing the Plan for Data Collection and Performance Measurement.*

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve

behavioral health.[6] These are part of SAMHSA's core principles, as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. SAMHSA defines a trauma-informed approach through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, and Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;

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[6] "Behavioral health" means the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[7]

It is critical for recipients to promote the linkage to recovery and resilience for individuals and families affected by trauma.

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health Disparity Impact Statement (DIS) no later than 60 days after award. *See Section G of the Application Guide*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with . Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide Section J – Administrative and National Policy Requirements*)*Tribal Behavioral Health Agenda*

[7] https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco- and Nicotine-Free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (such as Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (such as Medicare, Medicaid, private insurance) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (e.g., the Veterans Health Administration or senior services).

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs. Where appropriate, consider prioritizing this population for services.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals and the behavioral health disparities that the LGBTQI+ population face, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA's national resources, such as the 988 Suicide & Crisis Lifeline, FindTreatment.gov, and FindSupport.gov.

8. RECIPIENT MEETINGS

SAMHSA will hold virtual meetings and learning communities. You are expected to fully participate in these meetings.

In addition, SAMHSA will hold a yearly in-person meeting. You must send a minimum of two people, including the Project Director and Project Evaluator, to these recipient meetings. You must submit an estimated budget and narrative for this travel. These meetings are held at various sites in the contiguous United States for three (3) days. If SAMHSA elects to hold a virtual meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	Up to $9,950,000
Estimated Number of Awards:	Up to 10 (At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.)
Estimated Award Amount:	Up to $995,000 per year
Length of Project Period:	Up to 5 years
Anticipated Start Date	No later than September 30, 2024

Your annual budget cannot be more than $995,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are states and territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of states, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.

Recipients who received funding in FY 2021, FY 2022, or FY 2023 under the Screening, Brief Intervention and Referral to Treatment NOFO (TI-21-008) are not eligible to apply for this funding opportunity.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

For general information on eligibility for federal awards, see https://www.grants.gov/learn-grants/grant-eligibility.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies. In **Attachment 1**, applicants must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

1. A provider organization for direct client (e.g., substance use treatment) services appropriate to the award must be involved in the project. The provider may be the applicant, or another organization committed to the project as demonstrated by a Letter of Commitment (LOC). More than one provider organization may be involved.

2. Each substance uses disorder treatment provider organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.

3. Each mental health/substance use disorder prevention, treatment, or recovery support provider organization must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health/substance use disorder prevention, treatment, recovery support providers must be in compliance with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following the review of your application, if the score is in the fundable range, the GPO may request that you submit additional documentation or verify that the documentation submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in *Section A – 2.2 of the Application Guide (Required Application Components).* All files uploaded must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration, the waiver of this requirement must be approved in advance. See *Section A – 3.2 of the Application Guide (Waiver of Electronic Submission)*.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.
  - **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

    It is recommended new applicants review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  - **Section A –** Budget Summary: As cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.
  - **Section B –** Budget Categories: As cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.
  - **Section C –** As cost sharing/match is **not required** leave this section blank.
  - **Section D –** Forecasted Cash Needs: Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
  - **Section E –** Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years) — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period (d) Third column is the budget for the fourth budget period; (e)

Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

See *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- Sample SF-424A (No Match Required)

It is highly recommended you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V.1 – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**
  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). (*See Section A – 2.2 of the Application Guide - Required Application Components*.)

- **ATTACHMENTS 1 THROUGH 9**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the attachments, use the:
  - Other Attachment Form if applying with Grants.gov Workspace.
  - Other Narrative Attachments if applying with eRA ASSIST.

  - ***Attachment 1: Letters of Commitment***
    1. Identification of at least one experienced, credentialed substance use disorder treatment provider organization.
    2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
    3. Letters of commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project while a

letter of commitment outlines the specific contributions an organization will make in the project.)

4. Statement of Certification – You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***
  Include, as appropriate, informed consent forms for:
  - service intervention;
  - exchange of information, such as for releasing or requesting confidential information

- ***Attachment 4: Project Timeline***
  Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide – Biographical Sketches and Position Descriptions* for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide (Intergovernmental Review)* for detailed information on E.O. 12372 requirements to determine if this applies.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide* and reviewers will assess the response.

- ***Attachment 8: Documentation of Non-profit Status***
  Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
- A copy of a current and valid Internal Revenue Service tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has non-profit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status.
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

- ***Attachment 9: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations*.** You must complete Form SMA 170 if your project is providing substance use prevention or treatment services.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

Section A of the Application Guide has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR Part 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 PM (Eastern Time) on **April 12, 2024.**

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.** The process could take up to six weeks**.** (See *Section A of the Application Guide* for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an

applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO SUCCESSFUL OF THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons;**

  AND

- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute, may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your budget for the following:

- Food can be included as a necessary expense[8] for individuals receiving SAMHSA funded mental and/or substance use disorder treatment services, not to exceed $10.00 per person per day.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H of the Application Guide.*

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

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See the Application Guide, *Section I* – *Intergovernmental Review* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

[8] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A – E below. The application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A – E) may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number**, **i.e**., **"A.1," "A.2."** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need (Up to 20 points – approximately 1 page)

- **Applicants whose population(s) of focus are more than 50% youth populations (those persons aged 12 to 21) including, but not limited to, pediatricians and pediatric offices, pediatric health systems, and schools, can receive up to 20 points.**

- **Applicants who do not document that they will serve the youth populations can only receive up to 10 points.**

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services that align with the intended population of focus. **[Note**: Applicants seeking the 10 additional points (other than the entities referenced above) must document how they will ensure their population(s) of focus will be more than 50% youth populations.] Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. Identify the source of the data (e.g., the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index).

SECTION B: Proposed Implementation Approach (30 points – approximately 5 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2. (See the Application Guide, *Section D* – *Developing Goals and Measurable Objectives*) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement all Required Activities in Section I.
Note: If more than 50% of your population of focus are youth (ages 12 to 21), you must provide specific information about how you plan to provide services to that population.

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire five years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I **[NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later

than four months after the award. **The timeline does not count towards the page limit for the Program Narrative.]**

SECTION C: Proposed Evidence-based, Adapted, or Community defined Evidence Service/Practices (25 points — approximately 2 pages)

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s)/CDEP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEP(s), evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in Section I.5.)

SECTION D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including underserved and historically under-resourced populations.

2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships. Include Letters of Commitment from each partner in **Attachment 1.**

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) and other significant personnel. For each staff member describe their:
    - Role;
    - Level of Effort (stated as a percentage full-time employment, such as 1.0 (full-time) or 0.5 (half-time) and not number of hours); and
    - Qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under resourced populations.

SECTION E: Data Collection and Performance Measurement (10points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program (See the

Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement).

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., sporting events, entertainment.

See the *Application Guide, Section K – Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. **Identify the items associated with these costs in your budget**.

3. REVIEW AND SELECTION PROCESS

Applications are peer reviewed according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following:

- Approval by the Center for Substance Abuse Treatment National Advisory Council (NAC), when the individual award is over $250,000.
- Availability of funds.
- Recipients who received funding in FY 2021, FY 2022, or FY 2023 under the Screening, Brief Intervention and Referral to Treatment NOFO TI-21-008 are not eligible to apply for this funding opportunity.
- Ten (10) additional points will be given to applicants whose population of focus are more than 50% youth populations (those persons aged 12 to 21) including, but not limited to, pediatricians and pediatric offices, pediatric health systems, and schools.
- At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume from these groups.

- Submission of any required documentation that must be received prior to making an award.

- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with 45 CFR Part 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR Part 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and 2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the Application Guide, *Section J – Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR Part 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

Recipients are required to submit semi-annual Programmatic Progress Reports (at 6 months and 12 months). The six-month report is due no later than 30 days after the end of the second quarter. The annual progress report is due within 90 days of the end of each budget period. The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable)
- Progress achieving goals and objectives and implementing evaluation activities
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
- Problems encountered serving the populations of focus and efforts to overcome them
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

Management of Award:

Recipients must also comply with standard award management reporting requirements, unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Andrea Harris
Center for Substance Abuse Treatment
Division of Service Improvement
Substance Abuse and Mental Health Services Administration
240-276-2441
Andrea.Harris@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1940
FOACSAT@samhsa.hhs.gov

For review process and application status questions, contact:

Tiffany Gray
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
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Tiffany.Gray@samhsa.hhs.gov