

Follow the six steps
in the application process:

1. Review the Opportunity
2. Get Ready to Apply
3. Prepare Your Application
4. Learn About Review and Award
5. Submit Your Application
6. Learn About What Happens After Award

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: Support for 988 Tribal
Response Cooperative Agreements

Short Title: 988 Tribal Response

NOFO Number: FG-26-003

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Support for 988 Tribal Response Cooperative Agreements

Short Title: 988 Tribal Response

Opportunity Number: FG-26-003

Announcement Version: Original

Federal Assistance Listing: 93.00R

Eligible Applicants: Eligibility is limited to federally recognized Indian Tribes, Tribal organizations, and Urban Indian Organizations. Tribes and Tribal organizations may apply individually or as a consortium. See [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: **July 17, 2026**

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

Important Resources

Applicants are expected to follow guidance provided in the [FY 2026 NOFO Application Guide](#) (the *Application Guide*). This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see the [SAMHSA Grants Glossary](#) for definitions of terms used in this NOFO.

Authorizing Statute

988 Tribal awards are authorized under Section 520E-3 and Section 520A of the PHS Act [[42 U.S.C. 290bb-36c and 42 U.S.C. 290bb-32](#)]

Agency Contacts

Program and Eligibility Questions

988 and Behavioral Health Crisis Coordinating Office

James Wright

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988GrantsTeam@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources

Division of Grants Management

240-276-1940

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Review Process and Application Status Questions

Office of Financial Resources

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Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the fiscal year (FY) 2026 Support for 988 Tribal Response Cooperative Agreements program (Short Title: 988 Tribal Response). The purpose of this cooperative agreement is to improve connection and response to 988 contacts (including calls, chats, and texts) originating in Tribal communities and/or initiated by American Indians/Alaska Natives (AI/AN). With this program, SAMHSA aims to: (1) ensure AI/AN have access to culturally competent, trained 988 crisis center support through existing and/or new 988 Lifeline centers; (2) improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations to ensure there is navigation and follow-up care; and (3) facilitate collaboration with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, other first responders, and other key community system partners in a manner which respects

Tribal sovereignty. This program is designed to advance [SAMHSA's Strategic Priorities](#) and the [Make America Healthy Again agenda](#).

Funding Details

Funding Type: Cooperative Agreement

Estimated Total Available Funding: Up to \$20,000,000 per year

Estimated Number of Awards: 13 - 63

Estimated Award Amount: \$300,000 - \$1,500,000 per year

Length of Project Period: 3 years

Your annual budget cannot be more than the maximum total amount (direct and indirect) in any year of the project. Proposed budgets cannot exceed the maximum total amount (direct and indirect). The estimated total funding available for the FY 2026 Tribal 988 Response program is \$20,000,000. Funds will be distributed using a floor of \$300,000 and a ceiling of \$1,500,000 per year based on the review and scoring of applications. Awards may be adjusted contingent on available funding. Applicants must justify in the budget and program narrative the amount of funding requested based on the scope of project impact.

The amount of funding requested should be commensurate with the scope and breadth of proposed activities. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of the 988 Tribal response program is to improve connection and response to 988 contacts (including calls, chats, and texts) originating in Tribal communities and/or initiated by AI/AN. These communities experience a significantly higher suicide risk compared to the general population. CDC reports that in 2022 non-Hispanic AI/AN people had a suicide rate 91% greater than the general population.¹

¹ <https://www.cdc.gov/suicide/programs/Tribal.html>

The 988 Tribal response program aims to: (1) ensure AI/AN have access to culturally competent, trained 988 crisis center support; (2) improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations to ensure there are clear navigation pathways for referrals and/or warm handoffs in place, consistent screening and intervention protocols for individuals with substance use disorder and overdose prevention, and follow-up care for individuals with ongoing mental health and substance use disorder; and (3) facilitate collaborations with Tribal, state and territorial health providers, Urban Indian Organizations, law enforcement, first responders, and other key community system partners in a manner which respects Tribal sovereignty.

Consideration should be given to the communities that will be affected by this project, and tribes, Tribal entities and Tribal organizations should be engaged in the overall planning of the program. Recipients are encouraged to engage communities when practicable during the design phase, develop programs in consultation with communities benefiting from or impacted by the program, and consider available data, evidence, and evaluation results from past programs to demonstrate the need and potential impact on communities served.

The 988 Tribal response program is authorized under Section 520E-3 and Section 520A of the PHS Act [[42 U.S.C. 290bb-36c and 42 U.S.C. 290bb-32](#)]

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

In addition, applications must also align with [SAMHSA Strategic Priorities](#) and the application and budget narrative must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction.

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, whether or not their salaries are paid by this grant, must play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

Project Director (PD): The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. **This position requires a minimum 50% level of effort of a full-time equivalent (FTE) position.**

Project Evaluator (PE): The PE is responsible for data and evaluation related activities including SAMHSA's national cross-site evaluation and, if applicable, any local evaluation activities. **This position requires a minimum 10% FTE level of effort.**

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:

- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
 - Replacing or removing Key Personnel, or
 - Reducing any Key Personnel's level of effort by 25% or more.

Required Activities

Funds for this program are primarily used to support capacity building and infrastructure development.

- In the Project Narrative ([B.2](#)), you will provide a description of how you will implement all required activities listed below.

Nothing in the required or allowable activities described below allows grant recipients to use grant funds for prohibited activities described in the [Funding Restrictions and Limitations](#) section of this NOFO.

Your organization is required to implement all required activities listed below:

- Establish and maintain formal collaborations with state, territorial, and/or local crisis centers including 988 crisis contact centers to strengthen coordination and improve the effectiveness of 988 response and linkage to Tribal resources. **Partnerships should be established within the first six months of award** and should focus on developing and maintaining appropriate referral pathways to ensure culturally responsive and effective emergency interventions. This may include staffing and/or co-location of staff with expertise supporting Tribal communities at existing call centers. Formal agreements (e.g., MOUs) may be executed on an ongoing basis throughout the project period.
- Through partnerships with crisis contact centers and service provision, develop a system to collect and report on Tribal members 988 utilization, service outcomes, referral connections when available, and follow up. In aggregate, report on Tribal members identified in suicidal/homicidal, substance misuse, and/or mental health crisis, and those connected to urgent/emergent care post 988 contact (e.g., through 911, Mobile Crisis, Crisis Stabilization, Emergency Room, etc.). Outcomes should also include referral success rates, response times, and partner feedback.
- Collaborate with state, territorial, and local crisis centers on the development and implementation of culturally responsive training for crisis call center staff that addresses the unique needs of Tribes and Tribal citizens within the state or Tribe or Tribal Organization's geographic catchment area. **Training development should be completed within the first year of the project period** and implemented and evaluated on an ongoing basis to assess utilization, increases in staff knowledge, confidence, and cultural humility when serving Tribal communities.
- Partner with community-based organizations including schools, school-based mental health programs, Tribal law enforcement, first responders, and other multi-sectoral system partners within Tribal communities. These efforts should enhance 988 crisis response efforts by increasing awareness, education, and ultimately utilization of 988 resources (e.g., calls, chats, texts), and referral and connections to services to ensure the crisis continuum of care meets the needs of individuals. This collaboration will support the development of culturally responsive programs and protocols aimed at minimizing suicide risk among students and ensuring timely access to crisis services.
- Participate in all applicable aspects of SAMHSA's national cross-site evaluation, conducted to build an evidence base. Any local evaluation activities should complement, but not duplicate SAMHSA's national cross-site evaluation requirements. You may be required to collect additional client-level or program-level data and involve subrecipients. See [SAMHSA Performance Measures](#) for more information. SAMHSA will

provide updated information post-award as to the participation requirements for Tribes and Tribal Organizations, as well as time, burden, and cost requirements.

- Develop, implement, and maintain a Tribal 988 communication strategy to increase awareness of 988 in line with SAMHSA’s 988 partner toolkit and communication initiatives (can be found at <https://www.samhsa.gov/mental-health/988>). Incorporate strategies to identify barriers and increase willingness to use 988 service. Include budgeted marketing and print materials using grant and any other funds (list of allowable promotional items will be provided).
- Participate in technical assistance opportunities identified by SAMHSA to support program development, capacity building, evaluation, and resource development including partnering as appropriate with other SAMHSA and federally supported TA and training centers and resources (see e.g., <https://www.samhsa.gov/technical-assistance>).

Allowable Activities

Allowable activities are **not** required. However, your organization may propose to use funds for the following activities:

Develop/enhance tribe-specific community resources that integrate with Lifeline 988 crisis centers to ensure seamless access and provision of care. These resources may include mobile crisis care, same-day or next-day behavioral health services focused on crisis de-escalation and/or crisis follow-up support for Tribal members, and connection to peer-run warm lines for ongoing support.

- Train peer support specialists and community health workers in suicide prevention and crisis services, including recovery coaching, telephone recovery check-ups, warm lines, crisis center follow-up, and other supportive interventions, in accordance with existing guidelines and requirements in each state or jurisdiction.
- Cross-sector coalition building (with regular meetings) to engage leadership and representation from key sectors (e.g. Tribal leadership, law enforcement, first responders, other sectors). Representation from individuals with lived experience, peers, elders, and youth is encouraged.

Implement prevention, education and postvention services, including the development of Tribally relevant, person-centered and responsive evidence-based community suicide, substance use disorder, and/or overdose prevention, and mental health support efforts, school-based prevention programs, elder education, peer support, and community outreach activities

including Gathering of Native Americans (GONA) / Gathering of Alaska Natives (GOAN)
<https://library.samhsa.gov/product/gathering-native-americans-fact-sheet/sma16-4994>.

Develop and implement a local evaluation plan to assess the impact of program activities and outcomes (the direct effects of a program or program activities following implementation). Ensure that data, methods of collection, and data tools are culturally resonant and appropriate for Tribal communities. Continually review and revise the plan, modifying as needed based on program needs and development.

- Design and/or support workforce development activities beyond the Lifeline 988 crisis centers (such as those listed through the Suicide Prevention Resource Center under Resources and Programs at <https://www.samhsa.gov/technical-assistance/Tribal-ttac/resources/suicide-prevention>) to ensure individuals working in Tribal communities are well versed in suicide prevention strategies and equipped to provide crisis intervention services.
- Incorporate culturally appropriate for Tribal members and traditional Tribal practices into the 988-program design, activities, and implementation.
- Engage in coordinated planning and collaboration with regional Tribal, state, local, territorial and Lifeline administrators to establish dedicated Lifeline responses for AI/AN communities. This may include local or regional workgroups to facilitate collaboration with other tribes.
- Develop a plan for how to sustain services beyond the federal grant period and support continuous growth in 988 Tribal Response infrastructure.
- Develop a Tribal Lifeline crisis center. For Tribal contacts through the Tribal Lifeline center, developing and implementing processes to track referrals from the center and strengthen coordination among health providers, 911 Centers/PSAPs, Tribal, state, and local emergency medical services, law enforcement, and other first responders.

Eligibility

Eligible Applicants

Eligibility is limited to federally recognized American Indian/Alaska Native (AI/AN) Tribes, Tribal organizations, and Urban Indian Organizations. Tribes and Tribal organizations may apply individually or as a consortium.

A Tribal organization is:

- The recognized body of any AI/AN tribe; or
- Any legally established organization of AI/ANs controlled, sanctioned, or chartered by such governing body, or is democratically elected by the adult members of the Indian community to be served by such organization and includes the maximum participation of AI/ANs in all phases of its activities.

Indian tribe, as defined at 25 U.S.C. § 1603(14), refers to any Indian tribe, band, nation, or other organized group or community, including Alaska Native village or group or regional or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Consortia of tribes or Tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.

Urban Indian Organization (UIO) (as identified by the Indian Health Service Office of Urban Indian Health Programs through active Title V awards/contracts) is a nonprofit corporate body in an urban center, governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals. This body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [Section 1603 of Title 25](#).

Recipients funded under the FY 2023 Support for 988 Tribal Response Cooperative Agreements (FG-23-005) may apply; however, you must describe in your project narrative how this project will expand on currently funded activities.

Only one award will be made per tribe with the appropriate justification (e.g., statutory requirement, program's interest in geographic distribution).

For general information on eligibility for federal awards, see [the Grants.gov website](#). For specific eligibility questions, see [Agency Contacts](#).

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in [Section D](#) of your Project Narrative.

You must also report program-specific data in SPARS on a quarterly basis. Data collection instruments, OMB-approved reporting tools and related guidance will be provided post-award.

You can visit [SAMHSA's Performance Measures](#) webpage to view the performance measurement tools. Training and technical assistance on SPARS data collection and reporting will be provided after award. You must upload specified indicators within thirty (30) days into the Agency's designated performance data management system. You will be provided with information on how to access this system and related guidance post-award.

Award recipients will be required to report on a set of standardized performance indicators. Examples previously used for this program include:

- The number of people supported by these funds in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the award.
- The number of individuals referred to mental health or related services as a result of the award.
- The number of individuals screened for mental health or related interventions.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number of organizations that entered into formal written/intra-organizational agreements (e.g., MOUs, MOAs) to improve mental health related practices/activities that are consistent with the goals of the award.

You will receive training and technical assistance on SPARS after award.

The data you collect allows SAMHSA to report on key outcome measures. Performance data may be reported to the public.

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress toward relevant goals. Recipients are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and if any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

For more information on completing this section, see [Developing Goals and Measurable Objectives](#) and [Developing the Plan for Data Collection and Performance Measurement](#).

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. Recipients are also required to report on their progress addressing the goals and objectives identified in your Project Narrative.

The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used to determine whether your project is having/will have the intended impact.

Note: See Appendix E and Appendix F of this NOFO for more information on responding to this section.

Cooperative Agreement Requirements

These awards are being made as cooperative agreements because they require substantial post-award federal staff participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of your organization and SAMHSA staff are:

Your organization must:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring program activities.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Attend and take part in regular meetings with your Government Project Officer (GPO).
- Attend and take part in recipient meetings.
- Collaborate with the SAMHSA Crisis Systems Response Training & Technical Assistance Center (CSR-TTAC) and/or technical assistance partners for tailored program support.
- Receive approval from SAMHSA on any proposed changes, including implementation, if it differs from the scope of work submitted in response to this cooperative agreement.
- Provide information and feedback to SAMHSA that may improve the quality of Lifeline response for Tribal citizens, including sharing relevant protocols, policies, or training materials; and participating in conference calls or other forums offered by SAMHSA to share relevant ideas and experience.

SAMHSA staff roles:

Your **GPO** is responsible for program monitoring, providing technical assistance, and conducting site visits. Your GPO will work with you on implementing program and evaluation activities and make recommendations about program continuance.

SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance and consultation.
- Review and approve all requested changes e.g., key personnel changes in a timely manner.
- Review and approve all reporting and required submissions (See Required Activities and Data Collection section).
- Provide communication on grant updates including reminders about upcoming deliverables.
- Facilitate the sharing of information regarding Tribal procedures via email, conference calls, or other forums to improve the quality of the 988 responses overall.
- Coordinate with Division of Grants Management on programmatic and fiscal oversight (e.g., grant modifications, budget narratives, and continuations).
- Ensure coordination with key service supports e.g., 988 Crisis System Response Training and Technical Assistance Center (CSR-TTAC), and/or technical assistance partners.

Your **Grants Management Specialist (GMS)** within SAMHSA's Office of Financial Resources is responsible for ensuring that your project complies with all applicable federal laws, regulations, guidelines, and the terms and conditions of award. Your SAMHSA GMS will frequently participate with your SAMHSA GPO on monitoring calls.

SAMHSA Strategic Principles and Other Expectations

When developing your project, you must consider [SAMHSA's Strategic Priorities](#), which includes recovery, a commitment to innovation, data, gold-standard science, and access to high quality services for all, which align with the Administration's [Make America Healthy Again](#) Initiative. In addition, there are other expectations included in [Section I](#) in the *Application Guide* that you must consider as you design your project.

As a part of the project funded under this NOFO, the recipient is required to adhere to the following principles where consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.

2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, Tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

In addition, the recipient should advance the following objectives in programs that are authorized to advance them:

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **Response to Emerging Threats:** Identify and respond to emerging behavioral health threats in the communities served, using timely data to inform tailored, localized solutions.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

As referenced in the [SAMHSA's Dear Colleague Letter](#) on MAT, if your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are

fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Recipient Meetings and Technical Assistance

You are expected to participate in SAMHSA technical assistance activities as directed by SAMHSA.

SAMHSA expects to hold a grantee meeting either virtually or in person. Grantees are expected to fully participate in all meetings and SAMHSA highly recommends participation from key staff supporting 988 Tribal Response.

If SAMHSA elects to hold an in-person meeting, budget revisions will be permitted.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

No more than 20 percent of the total budget may be used for data collection, performance measurement, and performance assessment.

- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization's existing capitalization/amortization policies.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
 - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation;
 - Denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic;
 - Illegal immigration; or

- Any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction.
- Discretionary awards must not support “housing first” policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

You must also comply with SAMHSA's Standards for Financial Management, Standard Funding Restrictions and Principles in [Section G](#) in the *Application Guide*.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with [SAMHSA's Strategic Priorities](#). If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions in the Grants.gov [Quick Start Guide for Applicants](#).

eRA Commons

You must register in [eRA Commons](#). Register at least six weeks before the application deadline. See guidance at [eRA Help and Tutorials](#) and [Section A](#) in the *Application Guide*.

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: FG-26-003.

If you can't use Grants.gov to download application materials, you may request them from dgr.applications@samhsa.hhs.gov

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
<input type="checkbox"/> Project abstract	Project Abstract Summary Form	1 page
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	10 pages
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None

Attachments

Insert each in the Other Attachments form (Grants.gov) or Other Narratives Attachment form (eRA ASSIST) in this order.

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment, if applicable	None
<input type="checkbox"/> 2. Data collection instruments and interview protocols	None

<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages
<input type="checkbox"/> 5. Biographical sketches and position descriptions	See: Biographical Sketches
<input type="checkbox"/> 6. Confidentiality and SAMHSA Participant Protection	None
<input type="checkbox"/> 7. Letter to the State Point of Contact	None
<input type="checkbox"/> 8. Documentation of nonprofit status	None
<input type="checkbox"/> 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Project/Performance Site Location(s)	None
<input type="checkbox"/> Grants.gov Lobbying Form	None

Application Contents and Format

This section includes guidance on each item found in the application checklist.

The following links contain information on:

- [Formatting instructions and information on system validation requirements](#)
- [Completing forms and required components](#) ([Section A](#) in the *Application Guide*)

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area that will be reached through the grant activities and the capacity development needed in the geographic area that will be addressed through the grant,
- The population of focus that will benefit from the capacity building,

- If services will also be provided, include a description of the population planned to be served (age range, distribution, clinical characteristics, e.g. diagnoses, service needs, etc.),
- Strategies and interventions to increase capacity that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to [SAMHSA Strategic Priorities](#)).

In the first five or fewer lines of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

Project Narrative

Page limit: 10 pages

Filename: Project narrative

In developing your Project Narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 10-page limit.

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See [Other Required Forms](#).

It includes added detail and justifies the costs you request. As you develop your budget, consider:

- Whether the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding limitations](#).

To create your budget narrative, see detailed instructions and a template in the *Application Guide*.

Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Name the attachments: Attachment 1, Attachment 2, and so on.

Attachment 1: Letter(s) of Commitment (LOC)

Include LOCs from any organization(s) partnering in the project. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project.

Attachment 2: Data Collection Instruments and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol.

If the data collection instrument or interview protocol is not standardized, include a copy in Attachment 2.

Attachment 3: Sample Consent Forms

Include, as appropriate, informed consent forms for the collection of data.

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 3 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in [Required Activities](#).

Attachment 5: Biographical Sketches and Position Descriptions

See [biographical sketches and position descriptions](#) for more information. Position descriptions should be no longer than one page each and biographical sketches should be no more than two pages.

Attachment 6: Confidentiality and SAMHSA Participant Protection

See [Section E](#) in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

Review information on [Intergovernmental Review](#) and in [Section J](#) in the *Application Guide* for detailed information on E.O. 12372 requirements to determine if this applies.

Attachment 8: Documentation of Nonprofit Status

All private nonprofit organizations: you must submit proof of nonprofit status in your application. Any of the following is acceptable evidence of nonprofit 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 IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization’s certificate of incorporation or similar document that establishes nonprofit 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: Negotiated Indirect Cost Rate Agreement (NICRA)

If you have a NICRA, the document must be submitted.

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on Grants.gov. You can find them in the NOFO [Application Package](#) or review them and their instructions on [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application

Assurances for Non-Construction Programs (SF-424B)	With application
Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
 - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization’s **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization’s EIN.
- In **Line 8f**, enter the name and contact information of the PD identified in the budget and listed in Line 4 (eRA Commons Username).
- In **Line 9** (Type of Applicant 1) **select only one** appropriate Applicant type.

For a Tribal grantee, select one of the following as applicable:

I – Native American Tribal Government (Federally Recognized) – if the applicant is a federally recognized Tribal government.

J – Native American Tribal Organization (other than Federally Recognized Tribal Government) – if the applicant is a Tribal organization that is not itself the federally recognized Tribal government (e.g., Tribal health organization, Tribal nonprofit, Tribal consortium).

K – Indian/Native American Tribally Designated Organization Government

L – Public/Indian Housing Authority

U – Tribally Controlled Colleges and Universities

If selecting categories “J” or “K,” ensure supporting documentation demonstrates the organization’s legal status and where applicable, its designation or relationship to the Tribal government, if required by the NOFO.

- In **Line 17** (Proposed Project Date), enter: a. Start Date: 09/30/2026; b. End Date: 09/29/2029.
- 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 Representative and should not be the same individual as the PD in Line 8f.

It is recommended you review the sample [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 – Non-Federal Resources:

- 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 and Year 3). For example, if funds are being requested for three years total, enter the requested budget amount for each of those budget periods in columns b and c (i.e., two out years):
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period;Use Line 16 for federal funds and Line 17 for non-federal funds.

See [Formatting Requirements](#) to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

It is highly recommended you use the [Budget Template](#) on the SAMHSA website.

See the [Budget Template Users Guide](#) and the sample completed SF-424A forms at: [Sample SF-424A \(Match Not Required\)](#). For additional information, see [Section F](#) in the *Application Guide* and Budget Related [FAQs](#).

Step 4: Learn About Review and Award

Application Review

Initial Review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the [deadline](#).
- Exceeds the 10-page limit for the Project Narrative.

Merit Review

Project Narrative: Your Project Narrative describes the proposed project. Peer reviewers will assess your response to the criteria below. The following instructions should be considered as you develop the Project Narrative:

- The Project Narrative cannot be longer than 10 pages.
- There are four sections (Sections A–D) and you must use the section numbers and headings listed in the Evaluation Criteria.
- Include the section letter and number (e.g., A.1, B.2) **before the response to each criterion**. 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.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Population of focus and need statement (15 points – approximately 1 page)

1. Identify and describe the geographic catchment area where the project will be implemented and the Tribal communities and/or AI/AN individuals who may be impacted by the capacity building in the targeted systems or agencies.
2. To the extent possible, describe the population(s) of focus in the catchment area in terms of age, sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare).
Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.
3. Describe the need to increase the capacity of your organization to implement, sustain, and improve connection and response to 988 contacts (including calls, chats, and texts) originating in Tribal communities and/or initiated by AI/AN. Include information on the service gaps and other problems related to the need for capacity building. The data sources must be identified (e.g., [National Survey on Drug Use and Health \(NSDUH\)](#)). (Note: Citations may be included in an attachment and will not count towards the page limit).

B: Proposed implementation approach (35 points – approximately 5 pages)

1. Describe the goals and measurable objectives of your proposed project. See [Developing Goals and Measurable Objectives](#). They must align with the Statement of Need in A.3.
2. Describe how you will implement all the [required activities](#) and selected [allowable activities](#).
3. Describe how your proposed implementation approach will address [SAMHSA Strategic Priorities](#).
4. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Organizational experience and staffing (30 points – approximately 2 pages)

1. Describe your organization's experience with crisis systems, 988, suicide prevention, mental and behavioral health, and Tribal communities and/or AI/AN individual's engagement with these systems.

2. Identify any other organization(s) you will partner with. Describe their specific roles and responsibilities for this project. LOCs from each partner organization must be included in **Attachment 1**. Indicate if you are not partnering with any other organizations.
3. Provide a complete list of all significant staff positions for the project, including the key personnel (**Project Director with LoE at a minimum of 0.50 FTE and Project Evaluator with LoE at a minimum of 0.10 FTE and include all the positions listed under key personnel**). For each, describe their:
 - Role
 - Level of effort (LoE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
 - Qualifications, including their experience with similar projects.

D: Data collection and performance measurement (20 points – approximately 2 pages)

1. Describe how you will collect and report the required data for this project and how such data will be used to manage, monitor, and enhance the program. See [Developing the Plan for Data Collection and Performance Measurement](#).

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use SAM.gov [Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR Part 200](#).

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.

- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with [SAMHSA's Strategic Priorities](#). To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA Strategic Priorities will not receive funding.

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

- When the individual award is over \$250,000, approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be submitted prior to making an award.

Only one award will be made per tribe with the appropriate justification (e.g., statutory requirement, program's interest in geographic distribution, etc.);

- Other principles that may be considered in funding decisions include:
- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a [Notice of Award \(NoA\)](#) will be emailed to: (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).

If your application is not funded, an email will be sent to you from eRA Commons. This email will include a summary of the peer reviewer comments and scores. It may take up to four months from the program's award date for this information to be sent to you.

The NoA is the only document that authorizes recipients to receive federal funding for a project.

Step 5: Submit Your Application

Submission Requirements and Deadlines

Go to [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [Get Registered](#).

You must maintain your registration throughout the life of any award.

Deadlines

Application

Due on **July 17, 2026**.

For electronic submissions, the due time is 11:59 p.m. ET.

- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in [Section A](#) in the *Application Guide*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log in to their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

You will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. See [Section J](#) in the *Application Guide*.

This requirement does not apply to states or AI/AN tribes or Tribal organizations.

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's [standard terms and conditions](#) on our website.
- The regulations at [2 CFR Part 200](#) – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section H](#) in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in [2 CFR 200.340\(a\)\(4\)](#).

Reporting Requirements

If funded, you will have to follow reporting requirements. The NoA will provide specific details.

You are required to submit Programmatic Progress Reports (PPRs) twice per year:

- **Semi-Annual PPR:** Covers the first six months of the budget period. This report must be submitted no later than 30 days after the end of the second quarter.
- **Annual PPR:** Covers the full 12-month period and must be submitted within 90 days after the end of each budget period.

The **Programmatic Progress Report** must include:

- Updates on key personnel, budget, and project changes (as applicable);
- Key program accomplishments, challenges, and barriers, and adjustments made to address these challenges;
- Progress achieving program goals and objectives;
- Progress implementing required activities including the implementation of evaluation activities, reporting of performance measures, and if applicable, local evaluation activities and data, 988 communication strategy, sustainability planning, and all other required activities.

You must submit a Final Progress Report 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see [SAMHSA Reporting Requirements](#).

SAMHSA 988 Tribal Response Program Reports

Report	Activities (OMB-approved templates to be provided by SAMHSA)
GPO Meeting Agenda	<ul style="list-style-type: none"> • Updates and questions
Semi-Annual Report	<ul style="list-style-type: none"> • Key program accomplishments Changes to program Data and evaluation activities <ul style="list-style-type: none"> • Challenges/Barriers • Sustainability
Local Evaluation Plan	Allowable activity
Sustainability Plan	Allowable activity