

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: Tribal Behavioral Health: Suicide
Prevention

Short Title: TBH-SP

NOFO Number: SM-26-024

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Tribal Behavioral Health: Suicide Prevention

Short Title: TBH-SP

Opportunity Number: SM-26-024

Announcement Version: Original

Federal Assistance Listing: 92.532

Eligible Applicants: Eligibility is limited to federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, or consortia of tribes or tribal organizations.

See [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: **July 16, 2026**

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

Response to Executive Order 12372: See [Intergovernmental Review](#) and *Section J* in the *Application Guide*.

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](#) or definitions of terms used in this NOFO.

Authorizing Statute

Section 520A of the Public Health Service Act, as amended ([42 U.S.C. 290bb-32](#))

Agency Contacts

Program and Eligibility Questions

Center for Mental Health Services

Kathleen Burkhart

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nativeconnections@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

Division of Grant Review

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Summary

The purpose of this program is for the prevention of suicide, suicide attempts, and deaths by suicide among American Indian/Alaska Native (AI/AN) youth and young adults through the age of 24 in Tribal communities.

With this program, SAMHSA aims to reduce the impact of suicidal ideation, suicide attempts, and deaths from suicide through community-wide suicide prevention activities that incorporate Indigenous knowledge and healing methods that reduce risk and support wellness. This program is designed to advance [SAMHSA's Strategic Priorities](#) and the [Make America Healthy Again agenda](#).

Funding Details

Funding Type: Grant

Estimated Total Available Funding: \$15,381,824

Estimated Number of Awards: 44

Estimated Award Amount: Up to \$350,000 per year per award

Length of Project Period: Up to 5 Years

Your annual budget cannot be more than \$350,000 in total costs (direct and indirect) in any year of the project.

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 this program is for the prevention of suicide, suicide attempts, and deaths by suicide among American Indian/Alaska Native (AI/AN) youth and young adults through the age of 24 in Tribal communities.

This program aligns with the SAMHSA Strategic Priorities to address serious mental illness and improve access to evidence-based treatment for mental illness, substance use, and co-occurring disorders.

In 2023, the overall U.S. age-adjusted suicide rate was 14.1 per 100,000 people. Rates were highest among non-Hispanic AI/AN youth (23.8 per 100,000 people).¹ Connection to culture has been found to be a significant protective factor as youth transition into adulthood.

You are expected to build an AI/AN network of systems, services, and partnerships that strengthen protective factors and support models for suicide prevention and community change. This network can improve outcomes through community-wide policies and procedures that incorporate Indigenous knowledge and healing methods.

SAMHSA recognizes the complex relationship between suicide, substance use, and overdose and appreciates that the needs of each Tribal community are most effectively met when prevention programming is specifically tailored to the unique culture of that community.

Therefore, the FY 2026 Tribal Behavioral Health program features two separate Notices of Funding Opportunity:

¹ Stone DM, Cammack AL, Carbone EG. Notes from the Field: Differences in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2018–2023. MMWR Morb Mortal Wkly Rep 2025;74:550–553. DOI: <http://dx.doi.org/10.15585/mmwr.mm7435a2>

- The focus of this TBH NOFO (**SM-26-024**) is the prevention of suicide, suicide attempts, and deaths by suicide among AI/AN youth and young adults through the age of 24 in Tribal communities.
- The focus of the Center for Substance Use Prevention (CSAP) TBH NOFO **SP-26-004** is on the prevention and reduction of substance use and overdose among AI/AN youth and young adults through the age of 24.

You may apply for both NOFOs; however, you can only receive funding under one NOFO.

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, even if their salaries are not paid for with grant funds, 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 is the **Project Director (PD)**. The PD oversees the grant to ensure goals are met, all reports are filed on time, and all rules are followed. This position requires a 50% level of effort of a full-time equivalent (FTE) position held by one individual.

The expectations, requirements, and compliance obligations for the PD are:

- 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.
- Key Personnel must 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.

- In the Project Narrative ([B.2](#)), you must 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.

NOTE: SAMHSA will provide guidance and technical assistance in implementing required activities. Indigenous approach tools and assessments have been developed to support AI/AN communities. You can find some of them on SAMHSA’s website at [Native Connections](#).

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

1. Establish or Maintain a Project Workgroup

When: Within 4 months of award

Establish or maintain a project workgroup to ensure youth/young adults through the age of 24 and other relevant AI/AN community members are involved in all decisions about project activities, including planning and implementation.

Workgroup members must include youth/young adults through the age of 24 and other AI/AN tribal community members. The workgroup members may be compensated for their time with grant funds.

2. Conduct a Community Needs and Readiness Assessment

When: Within 6 months of award

Conduct a community needs and readiness assessment to identify your resources and strengths, and measure how much your tribe is ready to act on AI/AN youth suicide prevention, intervention, mental health promotion, and the reduction of the impact of trauma on youth/young adults through the age of 24.

The community needs and readiness assessment should be used to identify:

- Any existing programs, policies, systems, and environmental change strategies that address suicide prevention and mental health promotion
- The availability of local resources (e.g., time, money, space) to support the project
- Any local efforts to change the physical, social, or economic environment to improve health outcomes
- Local organizations that can be partners to further the project
- Extent to which community members and partners are aware of local suicide prevention efforts
- Extent to which appointed leaders and influential community members are supportive of this project
- The prevailing tribal community attitude about suicide prevention
- The tribal community's knowledge of the problem
- The impact on the tribal community if no action is taken

3. **Develop and Implement a Tribal Strategic Action Plan (SAP)**

When: Within 12 months of award

Develop and implement a Tribal Strategic Action Plan (SAP) that incorporates findings from the community needs and readiness assessment and addresses the needs of AI/AN youth/young adults through the age of 24 regarding suicide prevention.

The SAP should address the three-tiered public health prevention model as follows:

Tier 1 Universal Prevention Strategies focus on:

- Reducing community-wide risks
- Increasing resilience
- Increasing awareness of the SAMHSA 988 Suicide and Crisis Lifeline and other crisis services available to anyone in the tribe

Examples of Universal Prevention Strategies include the following:

- Community outreach and educational resources

- Education in schools
- Community walks/potlatches
- Crisis lines (i.e., 988 Suicide and Crisis Lifeline)
- Community-based trainings
- [Mental Health First Aid \(MHFA\)](#)
- [Question, Persuade, Refer \(QPR\)](#)
- [Applied Suicide Intervention Skills Training \(ASIST\)](#)

Tier 2 Selective and Targeted Strategies focus on:

- Delivery of intervention services and strategies that assess at-risk youth for suicide
- Connect at-risk youth/young adults through the age of 24, and their families, to effective prevention activities, services, and interventions

Examples of Selective and Targeted Strategies include the following:

- Connecting families and youth/young adults
- Talking circles
- AI/AN cultural classes
- School-based interventions such as teacher or gatekeeper trainings
- Youth life skills
- Summer culture camps
- Gym and athletic activities (e.g., Native Youth Olympics)

Tier 3 Indicated Prevention Strategies focus on:

The use of prevention interventions directly to a youth who requires individual support

Examples of Indicated Prevention Strategies could include, but are not limited to:

- Individual screenings
- Referrals to behavioral health and/or support services (e.g., Dialectical Behavior Therapy)
- Safety planning
- Transportation support to treatment and prevention services
- Home visits

- Wellness activities for youth (e.g., youth clubhouses)
- Reducing access to lethal means and utilization of lock boxes

4. Incorporate AI/AN traditional approaches into all project grant activities

When: Ongoing

Incorporate AI/AN traditional approaches of cultural knowledge, wisdom, ceremony, and practices (e.g., Gathering of Native Americans/Gathering of Alaska Natives, talking circles, sweat lodges, drum ceremonies, etc.) of AI/AN Tribes into all relevant grant activities.

5. Develop/Revise, and Implement Postvention Protocols

When: Within 18 months of award

Develop/revise and implement postvention protocols that reflect the traditions and culture of the community. Postvention protocols must address suicide, suicide attempts, and suicide clusters. It should also include the following:

- Coordination of care (both immediate and follow-up) and intervention among youth-serving agencies
- Written protocols identifying and delegating first responder roles and responsibilities, including internal and external coordination of tribal leadership, schools, law enforcement, and spiritual advisors
- Standards of care for AI/AN youth at risk for suicide attempts and death, including procedures to ensure that at-risk youth are referred to and receive services
- Identification of follow-up care with linkage to resources, grief counseling, and bereavement programs that include family, close friends, fellow team or club members, colleagues, or community members and leadership
- Accessible behavioral health services grounded in the traditions of each community

Postvention protocols are to be updated and implemented, as needed, throughout the lifecycle of the grant program.

Allowable Activities

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

1. Supporting innovative [telehealth](#) strategies focusing on suicidal behavior, suicides, and mental health in rural areas and areas with higher prevalence of behavioral conditions to increase the capacity of communities and accessibility of services.

2. Training/workforce development to help staff or other providers in the community identify mental health issues or provide services consistent with the purpose of the program.
3. Developing educational and marketing materials to assist with outreach efforts to motivate, raise awareness, and increase youth and community engagement.
4. Conduct other prevention education activities, including:
 - Awareness of building healthy relationships
 - Bullying prevention education, including cyberbullying.
 - Domestic violence and human trafficking services
5. Purchasing and distributing supplies to aid suicide prevention efforts.
6. Support activities to promote substance use prevention, intervention and treatment to include:
 - providing linkages to care
 - purchasing and distributing opioid overdose reversal medication and supplies
 - providing community training and education
 - enhancing access to peer recovery support services
7. Consider the communities that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages applicants to:
 - Engage communities, when practicable, during the design phase, and
 - Develop programs in consultation with communities benefiting from or impacted by the program.

Eligibility

Eligible Applicants

Eligibility is limited to:

- Federally recognized American Indian and Alaska Native (AI/AN) tribes
- Tribal organizations
- Urban Indian organizations (UIOs)
- Consortia of Tribes or tribal organizations

A tribal organization, as defined in [25 U.S.C. § 5304\(g\)](#), is:

- The recognized governing body of any AI/AN tribe; or

- Any legally established organization of AI/ANs controlled, sanctioned, or chartered by such governing body, or which is 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.

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.

A UIO 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 1653\(a\)](#) of Title 25 of the US Code.

NOTE: You are not eligible to apply under this NOFO if your organization received funding in fiscal years (FY) 2022, 2023, or 2024 under the Tribal Behavioral Health NOFOs **SM-21-011** or **SM-23-021**. A complete list of ineligible applicants can be found in [Appendix A](#). **Your application will be screened out and not reviewed if submitted by an ineligible Tribe or Tribal Organization.**

NOTE: You may apply for both NOFOs; however, you can only receive funding under one NOFO.

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 collect and report selected indicators on a quarterly basis. The data collection and reporting tool 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. Recipients must collect and report data on the measures related to the following:

- Number of individuals contacted through program outreach.
- Number of individuals educated on prevention of suicide.

- Number of individuals screened for mental-health or related interventions.
- Number of individuals linked to mental health or related services, care, or treatment.
- Number of behavioral health professionals trained in suicide prevention.

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](#).

SAMHSA Strategic Priorities 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, you are 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, your organization 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.

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 MAT/MOUD, this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

Upon achieving stability in treatment and building sufficient recovery support, *and at least annually*, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.

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.

We plan to hold virtual grant meetings and your full participation in these meetings is expected. You will be given more information about these meetings at a future date.

Budget revisions will be considered if SAMHSA decides to have an in-person meeting.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense (up to \$10 per person per day) to support engagement activities consistent with locally recognized practices and prevention goals.
- 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 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: SM-26-024.

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	Not applicable
<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 Single Point of Contact	Not applicable
<input type="checkbox"/> 8. Documentation of nonprofit status	Not applicable
<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 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's 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)

Not applicable.

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 5 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

Not applicable to this NOFO.

Attachment 8: Documentation of Nonprofit Status

Not applicable to this NOFO.

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) select **only one** appropriate Applicant type.

For a Tribal applicant, 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: 9/30/2026; b. End Date: 9/29/2031.
- 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, Year 3, Year 4, and Year 5):
 - (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 [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 (20 points – approximately 2 pages)

1. Identify and describe where the project will be implemented and the AI/AN youth and young adults through the age of 24 that will be impacted by this project. Describe the service gaps related to mental health and suicide.
2. To the extent possible, describe the AI/AN youth/young adults through the age of 24 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 effective suicide prevention, mental health promotion, and the reduction of the impact of trauma on the youth/young adults through the age of 24. 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 (40 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 five (5) years of the program. It must include dates, key activities that must also include required activities, and responsible staff. The timeline does not count towards the page limit for the Program Narrative.

C: Organizational experience and staffing (25 points – approximately 2 pages)

1. Describe your organization's experience with similar projects and providing services to AI/AN youth/young adults through the age of 24.
2. Identify any other organization(s) you will partner with. Describe their specific roles and responsibilities for this project.
3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director).

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 (15 points – approximately 1 page)

1. Describe how you will collect 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:

- 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.
- You are not eligible to apply for this funding if your organization received funding in fiscal years 2022, 2023, or 2024 under the Tribal Behavioral Health NOFOs SM-21-011 or SM-23-021. A list of ineligible organizations can be found in [Appendix A](#). Your application will be screened out and not reviewed if submitted by an ineligible Tribe or Tribal Organization.
- You are eligible to apply for both SM-26-024 (Tribal Behavioral Health – Suicide Prevention) and SP-26-004 (Tribal Behavioral Health Substance Use Prevention), however, you can only receive funding under one NOFO.

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 16, 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 into 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 American Indian and Alaska Native 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 an annual Programmatic Progress Report (PPR) in years one through four and a cumulative Final Progress Report (FPR) in year five. You must use the OMB-approved Excel [Programmatic Progress Report \(PPR\)](#) template for your program.

You will need to submit your completed PPRs in eRA Commons.

The annual PPR for years one through four is due within 90 days of the end of each budget period.

The **Programmatic Progress 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; and
- Success stories.

You must submit the FPR within 120 days of the end of the project. 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](#).

Appendix A: Ineligible Applicants

Grant #	Organization	State	NOFO #
SM088756	GOLDBELT HERITAGE FOUNDATION	AK	SM-23-021
SM088760	NORTON SOUND HEALTH CORPORATION	AK	SM-23-021
SM088761	CHEVAK NATIVE VILLAGE	AK	SM-23-021
SM088774	CHUGACHMIUT, INC.	AK	SM-23-021
SM088739	NUNAKAUYARMIUT TRIBE	AK	SM-23-021
SM088857	KNIK TRIBE	AK	SM-23-021
SM088913	ALEUT COMMUNITY OF ST PAUL ISLAND TRIBAL GOVERNMENT	AK	SM-23-021
SM088966	ORGANIZED VILLAGE OF KAKE	AK	SM-23-021
SM089709	TANANA CHIEFS CONFERENCE, INC.	AK	SM-23-021
SM089718	CITY OF TOGIAK	AK	SM-23-021
SM089727	NATIVE VILLAGE HOOPER BAY	AK	SM-23-021
SM089729	MANIILAQ HEALTH CENTER	AK	SM-23-021
SM089734	NATIVE VILLAGE OF TYONEK	AK	SM-23-021
SM089742	AHTNA' T'AENE NENE' D/B/A COPPER RIVER NATIVE ASSOCIATION	AK	SM-23-021
SM089743	YUKON-KUSKOKWIM HEALTH CORPORATION	AK	SM-23-021
SM089745	KAWERAK, INC.	AK	SM-23-021
SM089747	NATIVE VILLAGE OF SCAMMON BAY	AK	SM-23-021
SM084149	CENTRAL COUNCIL TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA (CCTHITA)	AK	SM-21-011
SM088766	PASCUA YAQUI TRIBE	AZ	SM-23-021
SM088860	HAVASUPAI TRIBAL COUNCIL	AZ	SM-23-021
SM089726	NATIVE AMERICAN COMMUNITY HEALTH CENTER	AZ	SM-23-021
SM089728	PHOENIX INDIAN CENTER, INC.	AZ	SM-23-021
SM089732	NATIVE AMERICAN FATHERHOOD AND FAMILIES ASSOCIATION, INC.	AZ	SM-23-021
SM084154	SAGE MEMORIAL HOSPITAL	AZ	SM-21-011
SM088755	SAN DIEGO AMERICAN INDIAN HEALTH CENTER	CA	SM-23-021
SM088757	QUARTZ VALLEY INDIAN RESERVATION	CA	SM-23-021
SM088783	SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.	CA	SM-23-021
SM088859	FRIENDSHIP HOUSE ASSN/AMERICAN INDIANS	CA	SM-23-021
SM088993	TULE RIVER INDIAN HEALTH CENTER, INC.	CA	SM-23-021
SM089736	ROUND VALLEY INDIAN HEALTH CENTER, INC.	CA	SM-23-021
SM089737	KARUK TRIBE	CA	SM-23-021

Grant #	Organization	State	NOFO #
SM084056	LA JOLLA BAND OF LUISENO INDIANS	CA	SM-21-011
SM089713	SOUTHERN UTE INDIAN TRIBE	CO	SM-23-021
SM089725	SEMINOLE TRIBE OF FLORIDA	FL	SM-23-021
SM088772	NEZ PERCE TRIBE	ID	SM-23-021
SM088765	WABANAKI HEALTH AND WELLNESS	ME	SM-23-021
SM088850	HOULTON BAND OF MALISEET INDIANS	ME	SM-23-021
SM088851	PLEASANT POINT INDIAN RESERVATION	ME	SM-23-021
SM088910	AROOSTOOK MICMAC COUNCIL	ME	SM-23-021
SM088737	SAGINAW CHIPPEWA INDIAN TRIBE	MI	SM-23-021
SM088776	AMERICAN INDIAN HEALTH AND FAMILY SERVICES OF SOUTHEAST MICHIGAN, INC.	MI	SM-23-021
SM088758	INDIGENOUS PEOPLES TASK FORCE	MN	SM-23-021
SM089752	LEECH LAKE BAND OF OJIBWE	MN	SM-23-021
SM084128	WHITE EARTH BAND OF CHIPPEWA INDIANS	MN	SM-21-011
SM088773	FORT PECK ASSINIBOINE AND SIOUX TRIBES	MT	SM-23-021
SM088775	BLACK FEET TRIBE	MT	SM-23-021
SM089712	ROCKY BOY HEALTH BOARD	MT	SM-23-021
SM089714	FORT BELKNAP INDIAN COMMUNITY	MT	SM-23-021
SM089721	NORTHERN CHEYENNE TRIBE	MT	SM-23-021
SM084129	ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL	MT	SM-21-011
SM088763	THREE AFFILIATED TRIBES D/B/A MHA NATION	ND	SM-23-021
SM088782	SPIRIT LAKE TRIBE	ND	SM-23-021
SM089720	TURTLE MOUNTAIN TRIBE	ND	SM-23-021
SM089733	PONCA TRIBE OF NEBRASKA	NE	SM-23-021
SM088751	SANTEE SIOUX TRIBE OF NEBRASKA	NE	SM-23-021
SM088768	SANTA CLARA OF PUEBLO	NM	SM-23-021
SM088745	ZUNI YOUTH ENRICHMENT PROJECT, THE	NM	SM-23-021
SM089730	MESCALERO APACHE TRIBAL COUNCIL	NM	SM-23-021
SM089738	NAMBE PUEBLO GOVERNOR'S OFFICE	NM	SM-23-021
SM088749	FIVE SANDOVAL INDIAN PUEBLOS, INC.	NM	SM-23-021
SM084145	ALBUQUERQUE AREA INDIAN HEALTH BOARD	NM	SM-21-011
SM084842	PUEBLO OF POJOAQUE	NM	SM-21-011
SM088767	FALLON PAIUTE SHOSHONE TRIBES OF THE FALLON RESERVATION AND COLONY	NV	SM-23-021
SM089719	RENO-SPARKS INDIAN COLONY	NV	SM-23-021
SM084800	NEVADA URBAN INDIANS, INC.	NV	SM-21-011
SM088759	BLOSSOM SUSTAINABLE DEVELOPMENT	NY	SM-23-021
SM088781	AKWESASNE BOYS & GIRLS CLUB	NY	SM-23-021

Grant #	Organization	State	NOFO #
SM088736	WICHITA & AFFILIATED TRIBES	OK	SM-23-021
SM088778	SOUTHERN PLAINS TRIBAL HEALTH BOARD FOUNDATION	OK	SM-23-021
SM088780	COLLEGE OF THE MUSCOGEE NATION	OK	SM-23-021
SM088742	ABSENTEE SHAWNEE TRIBE OF OKLAHOMA	OK	SM-23-021
SM089711	OSAGE NATION SI-SI A-PE-TXA	OK	SM-23-021
SM089717	NE OKLAHOMA CONNECTION GROUP INC	OK	SM-23-021
SM089731	MUSCOGEE CREEK NATION	OK	SM-23-021
SM089739	QUAPAW TRIBE OF OKLAHOMA	OK	SM-23-021
SM089744	KIOWA TRIBE OF OKLAHOMA	OK	SM-23-021
SM089746	EASTERN SHAWNEE TRIBE OF OKLAHOMA	OK	SM-23-021
SM089750	FITE FOR THE FORGOTTEN GENERATION FOUNDATION, INC	OK	SM-23-021
SM084151	CENTRAL OKLAHOMA AMER INDIAN HLTH CNCL	OK	SM-21-011
SM084110	CHICKASAW NATION	OK	SM-21-011
SM084148	NATIONAL INDIAN WOMEN'S HEALTH RES/ CTR	OK	SM-21-011
SM088858	CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIAN	OR	SM-23-021
SM088743	THE CONFEDERATED TRIBES OF GRAND RONDE INDIANS	OR	SM-23-021
SM088995	OGLALA SIOUX LAKOTA HOUSING	SD	SM-23-021
SM089008	ROSEBUD SIOUX TRIBE	SD	SM-23-021
SM089708	HUNKPAPA DEVELOPMENT	SD	SM-23-021
SM089710	SISSETON-WAHPETON OYATE	SD	SM-23-021
SM089740	TEXAS NATIVE HEALTH	TX	SM-23-021
SM089751	NATIVE HEALTHCARE CENTER	TX	SM-23-021
SM088785	CHICKAHOMINY INDIAN TRIBE	VA	SM-23-021
SM088770	NORTHWEST INDIAN COLLEGE	WA	SM-23-021
SM088771	SKOKOMISH INDIAN TRIBE	WA	SM-23-021
SM088856	CHIEF LESCHI SCHOOLS	WA	SM-23-021
SM089715	SPOKANE TRIBE OF INDIANS	WA	SM-23-021
SM089716	PORT GAMBLE S'KLALLAM TRIBE	WA	SM-23-021
SM088746	NORTHWEST WASHINGTON INDIAN HEALTH BOARD	WA	SM-23-021
SM089735	KALISPEL TRIBE OF INDIANS	WA	SM-23-021
SM089741	CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION	WA	SM-23-021
SM089723	MENOMINEE INDIAN TRIBE OF WISCONSIN	WI	SM-23-021
SM084114	LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS	WI	SM-21-011
SM088769	NORTHERN ARAPAHO TRIBE	WY	SM-23-021