

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: Strategic Prevention Framework –
Partnerships for Success for
Communities and Tribes**

Short Title: SPF-PFS-Communities/Tribes

NOFO Number: SP-26-002

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Strategic Prevention Framework - Partnerships for Success for Communities and Tribes

Short Title: SPF-PFS-Communities/Tribes

Opportunity Number: SP-26-002

Announcement Version: Original

Federal Assistance Listing: 93.492

Eligible Applicants: Eligible applicants are political subdivisions of States; Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25); health facilities or programs operated by or in accordance with a contract or award with the Indian Health Service; or other public or private non-profit entities, including faith-based organizations. [See Eligibility for complete eligibility information.](#)

Key Dates

Application deadline: **July 15, 2026**

IMPORTANT NOTE: SAMHSA will accept and review only the first 60 complete, successfully submitted, and high-quality applications received via eRA. Once this threshold is met, the submission portal will close, and no further applications will be considered.

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

Authorizing Statute

The SPF-PFS program is authorized under [Section 516 of the Public Health Services Act](#), as amended, (42 U.S.C. 290bb–22).

Agency Contacts

Program and Eligibility Questions

Center for Substance Abuse Prevention
202-924-0334

CSAP.DPP@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1400

NOFOBudget.CSAP@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Angela Houde
240-276-1091

Angela.Houde@samhsa.hhs.gov

Summary

The Strategic Prevention Framework (SPF) - Partnerships for Success (PFS) for Communities and Tribes program is intended to build prevention capacity throughout communities and tribes and to strengthen the capacity of local community prevention providers.

The purpose of this program is to:

- Help prevent and reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being.
- Expand and strengthen the capacity of prevention providers serving communities and tribes to implement evidence-based and evidence-informed prevention strategies.

This grant aligns with the SAMHSA strategic priority of preventing substance misuse, abuse, and addiction.

With this program, SAMHSA aims to strengthen local-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking and use of cannabis, tobacco, vaping, opioids, methamphetamine, and other emerging substances of concern, as well as the progression of substance use among youth, young adults, and adults. 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: \$8,000,000

Estimated Number of Awards: 13-32

Estimated Award Amount: Funding levels are based on population data. Population data is available from the U.S. Census Bureau. Communities can refer to [City and Town Population Data](#) or [County Population Data](#). Tribes can refer to [My Tribal Area](#). If the project includes partnering communities/tribes, data for all communities/tribes must be submitted.

- Category A: Up to \$250,000 per year per award for communities/tribes that serve a population of less than or up to 250,000.
- Category B: Up to \$425,000 per year per award for communities/tribes that serve a population between 250,001 and 750,000.
- Category C: Up to \$600,000 per year per award for communities/tribes that serve a population greater than 750,000.

Length of Project Period: Up to 5 Years

Your annual budget cannot be more in total costs (direct and indirect) than the funding category associated with your catchment area 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 the SPF-PFS Communities/Tribes program is to:

- Help prevent and reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being.

- Expand and strengthen the capacity of prevention providers serving communities and tribes to implement evidence-based and evidence-informed prevention strategies.

According to the [National Survey on Drug Use and Health \(NSDUH, 2024\)](#), in 2024, 73.6 million people aged 12 or older reported past-year use of illicit drugs, and 48.4 million people had a substance use disorder (SUD) in the past year, including 27.9 million who had an alcohol use disorder and 28.2 million who had a drug use disorder.

Prevention is essential for a healthy, safe, and thriving society. This NOFO advances SAMHSA’s strategic priority of preventing substance misuse, abuse, and addiction. Through the SPF-PFS program, SAMHSA aims to prevent and reduce substance use by strengthening prevention programs, policies, and practices. The SPF-PFS program is designed to align with the [Strategic Prevention Framework \(SPF\)](#), a community engagement model grounded in public health principles. The SPF process includes 5 steps (assessment, capacity, planning, implementation, and evaluation). This process offers prevention planners a comprehensive approach to understanding and addressing the unique substance use and related behavioral health problems facing their communities.

The SPF-PFS program also aims to strengthen community-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking and use of cannabis, tobacco, vaping, opioids, methamphetamine, and other emerging substances of concern, as well as the progression of substance use among youth, young adults, and adults. Applicants are expected to use the SPF to address up to three substance use disorder prevention priorities identified through a data-driven approach.

To identify communities and populations with higher prevalence of substance use, the following resources are available:

- [National Survey on Drug Use and Health \(NSDUH\)](#)
- [Monitoring the Future \(MTF\)](#)

The above list of resources is not a definitive list of available data resources. Applicants are encouraged to use other data sources and studies to identify communities and populations.

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 is responsible for oversight of the entire project at a minimum 0.5 level of effort of a full-time equivalent (FTE) position.
- **Data Analyst (DA):** The DA is responsible for epidemiological data and program analysis at a minimum 0.5 level of effort of a FTE position.

Note: The Data Analyst cannot be the same person as the Project Director.

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. Capacity building involves strengthening the ability of your organization to meet identified goals so that it can sustain or improve the delivery of services.

- 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:

Within the first 180 days, you must begin carrying out the following activities:

1. Assessment

- a) Use current public health and other reliable data to conduct a needs assessment to identify substance use priorities in your community.
- b) Identify populations that are at higher risk for substance use or not being adequately reached by current prevention programs.
- c) Make sure youth and other age groups identified by the data are actively involved and meaningfully engaged in shaping the assessment.
- d) Assess what risk factors might be mitigated or what protective factors might be strengthened for the substance use prevention priorities.
- e) Review substance use risk and protective factors at the individual, family, and community levels. Use this information to guide prevention programs and policy decisions. Areas to consider include, but are not limited to:
 - Economic stability
 - Education access and quality
 - Health care access and quality
 - Insurance status
 - Neighborhood and built environment
 - Community context
- f) Assess the community's capacity to address the identified substance use priorities, including available resources and readiness. For example, conduct a community readiness assessment to understand whether local decision-makers and community leaders are committed to your prevention efforts.
- g) Review youth-based or youth-serving organizations, as well as other community organizations, that serve the populations identified by the data.
- h) To reduce areas of overlap, improve coordination, and facilitate partnership, SPF-PFS Communities/Tribes recipients must identify and connect with relevant state contacts (e.g., Single State Authority, National Prevention Network) and other prevention programs in the area (e.g., Drug Free Communities (DFC), Sober Truth on Preventing Underage Drinking (STOP) Act Grants).

Work Plan Due:

- The Needs Assessment is due with the second quarterly performance report (**due April 30, 2027**).

2. Capacity

- a) Identify and involve key partners from different sectors and anchor institutions, such as schools and universities, faith-based organizations, community centers, and local businesses, who can support or deliver prevention services. Engage these partners to reduce risk factors, strengthen protective factors, build resilience, and promote well-being.
- b) Build new or strengthen existing community structures to guide, support, and sustain your prevention work. For example, create a workgroup made up of community members with lived experience, local knowledge, and subject matter expertise.
- c) Work with an existing or new youth advisory group (i.e., youth advisory committee) to provide meaningful input and co-create all aspects of your prevention effort, from ideation to implementation.
- d) Connect and engage with the [Prevention Technology Transfer Center Network \(PTTC\)](#), [Strategic Prevention Technical Assistance Center \(SPTAC\)](#), state prevention partners, and other local prevention programs. These connections can help strengthen your prevention capacity through support like data sharing, planning, and logic model development.
- e) Work with your state partners, other prevention programs, and community organizations to identify areas of potential duplication and overlap to ensure appropriate distribution and allocation of resources, skills, and efforts.

3. Planning

- a) Identify which risk and protective factors are the key drivers of your community's substance use priorities. For example, prioritize risk and protective factors by exploring their importance (how a specific factor affects a problem) and changeability (the capacity to influence a specific factor).
- b) Identify programs, policies, or practices that address one or more of the risk and protective factors. These can include evidence-based and evidence-informed prevention strategies. Some strategies may require careful adaptation to fit your community or population. For example, if a school schedule allows time for only eight sessions of a ten-session evidence-based program, work with the developer of the program to identify which core components must be retained while adapting the program to the school's schedule.
- c) Include regular input from your youth advisory group, the state (i.e., Single State Authority, National Prevention Network) as appropriate, other local prevention

programs (i.e., DFC, STOP Act Grants), and community partners to guide and strengthen your planning efforts.

- d) Develop a logic model that clearly shows your prevention goals and the steps you will take to achieve them. The logic model should map the relationship between your identified risk and protective factors, planned activities, outputs, and outcomes. The logic model must be submitted as part of your evaluation plan, **due April 30, 2027**.
- e) Identify outcomes that are directly connected to the original problem you are trying to address and that can be tracked each year.
- f) Create an evaluation plan based on your logic model that includes:
 - Process measures to check how well the program is being carried out and whether it is implemented as intended.
 - Outcome measures to determine whether the program or practice is producing the expected results after it is put into place.
- g) Develop an implementation plan to address the identified risk and protective factors and put the selected prevention strategies into action.
- h) Work with CSAP, the SPF-PFS Communities/Tribes recipients in your state, the state, as appropriate, and other local prevention programs (i.e., DFC, STOP Act Grants) to create a plan for quarterly communications. Use these check-ins to share prevention activities, coordinate efforts, identify gaps, strengthen relationships, and build partnerships within and across communities.

Work Plan Due:

- The Evaluation Plan is due with the second quarterly performance report (**due April 30, 2027**).

Within the first 270 days, you must begin carrying out the following activities:

4. Implementation

- a) Set up processes to regularly review and update the implementation plan so it remains a “living document” that can adapt as conditions change.
- b) Institute regular engagement with your state, as appropriate, and community partners during implementation to ensure supports are in place to make needed adjustments given the changing landscape.
- c) Begin delivering prevention activities within the first 6 to 9 months of the program start.

- d) Continuously monitor how programs are being implemented using local feedback methods (e.g., advisory councils and focus groups) and be prepared to modify programs as needed.

Work Plan Due:

- The Implementation Plan is due with the third quarterly performance report (**due July 31, 2027**).

5. Evaluation

- a) Ensure that the goals and objectives in your implementation plan reflect the outcomes you intend to achieve for your community, as shown in your logic model.
- b) Ensure that data, methods of collection, and data tools are realistic, appropriate, and meaningful for the community you serve.
- c) Continually review and revise the plan, making it an adaptable “living document” that can reflect changes that occur in your implementation.
- d) Conduct your evaluation according to your plan and share results with the state (i.e., Single State Authority, National Prevention Network), when appropriate, and with community members to build on successes and promote solutions for challenges.

Work Plan Due:

- The Evaluation Report is due yearly with the Annual Programmatic Progress Report (PPR).

Required Work Plans

- Needs Assessment due with the second quarterly performance report (**April 30, 2027**).
- Evaluation Plan due with the second quarterly performance report (**April 30, 2027**).
- Implementation Plan due with the third quarterly performance report (**July 31, 2027**).
- Annual Evaluation Report due with the Annual Programmatic Progress Report (**due 90 days following the end of each budget period**).

Allowable Activities

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

- Implement novel or promising prevention programs, policies, or practices that respond to emerging substance use concerns, especially for populations at greater risk for substance use. Work with your state’s Single State Agency, the PTTC, SPTAC, or local agencies to help design and select these efforts.
- Identify and collaborate with organizations that serve the selected communities. These may include SUD treatment providers, recovery community organizations, local organizations that provide overdose education and distribute overdose reversal

medications, emergency medical services agencies (e.g., 988/Local Crisis Call Center), departments of justice, child protective agencies, mental health agencies, the aging services network, local health departments, local education districts, community-based organizations, and organizations serving youth at risk of substance use. Use available data sources such as: National Survey on Drug Use and Health ([NSDUH](#)), Youth Risk Behavior Surveillance System ([YRBSS](#)), Behavioral Risk Factor Surveillance System ([BRFSS](#)), and Monitoring the Future ([MTF](#)).

- 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,
 - 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 make every effort to extend eligibility requirements to all potential beneficiaries.

Eligibility

Eligible Applicants

Eligibility is limited to:

- Political subdivisions of States
- Indian Tribes or Tribal organizations (as such terms are defined in [Section 5304 of Title 25](#))
- Health facilities or programs operated by or in accordance with a contract or grant with the Indian Health Service
- Other public or nonprofit private entities, including faith-based organizations

(NOTE: If you are a nonprofit organization, you must provide documentation of your nonprofit status in [Attachment 8](#) of your application.)

A currently funded organization may submit one application. However, the application submitted cannot have the same population of focus and/or geographic/catchment area of your currently funded project. The application submitted under this NOFO must address a different population of focus and/or a different geographic/catchment area(s). **If you submit an application that does not meet the criteria listed above, it will be screened out and not considered for funding. A currently funded organization cannot receive more than one additional award.**

Organizations are considered currently funded if you received an SPF-PFS Communities/Tribes award under the following NOFOs:

- FY 2022 (SP-22-004) - project period 09/30/2022 - 09/29/2027

- FY 2023 (SP-23-004) - project period 09/30/2023 - 09/29/2028
- FY 2024 (SP-23-004) - project period 09/30/2024 - 09/29/2029
- FY 2025 (SP-25-002) - project period 09/30/2025 - 09/29/2030

A new organization, which is an organization that has not received an award under the NOFOs listed above, may submit no more than two applications; however, each application must focus on a different population of focus or a different geographic/catchment area(s). **If a new organization submits two applications with the same population of focus and geographic/catchment area(s), the latest application received from the organization in Grants.gov will be screened out and not considered for funding.** A new applicant organization cannot receive more than two awards.

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

NOTE: State entities may be eligible to apply for funding under the SPF-PFS Program through NOFO SP-26-003.

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in [Section D](#) of your Project Narrative.

Recipients will be required to report the following performance measures:

- Number of individuals reached through one or more indirect/population-based prevention efforts
- Number of individuals served through one or more direct/individual-based prevention efforts by demographic group
- Prevention strategies by Institute of Medicine (IOM) category (universal, selected, indicated) (found at [Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\)](#) and prevention strategy approach (e.g., policy, program, or practice).

You will need to set targets for these performance measures annually and provide updates toward meeting these targets quarterly using SAMHSA's Performance Accountability and Reporting System (SPARS).

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

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.

Additionally, recipients must include, at a minimum, the following measures for each priority area in Evaluation Updates and Outcomes section of the annual Programmatic Progress Report (PPR):

- Intervening variable – Risk Factor Reduction
- Intervening variable – Protective Factor Promotion
- Consumption or Behavior Variable
- Consequence Variable

A cross-site evaluation, conducted to build an evidence base, may be required for this program. If SAMHSA conducts a program evaluation, details will be shared with you when available, including the type of evaluation and evaluation questions. You may need to collect additional participant- and/or program-level data and involve any subrecipients. For more information, see [FAQs](#).

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 Commission](#). 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. **Prevention of Substance Use and Addiction:** Prevent substance misuse and addiction, particularly among youth, recognizing the link between early substance use and long-term health consequences, chronic disease, and mental illness.
5. **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.

We plan to hold virtual grant meetings and your full participation in these meetings is expected. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted. You will be given more information about these meetings at a future date.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an unallowable expense.
- 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: **SP-26-002**.

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	2 pages

<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
<input type="checkbox"/> 10. Population Data	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'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)

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 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

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.

Attachment 10: Population Data

To determine funding levels, you must document the funding level in the geographic catchment area for your project. This catchment area must align with your response to A.1 in the Project Narrative. Indicate the funding category (Category A, B, or C) that is associated with your catchment area. Population data is available from the U.S. Census Bureau. Communities can refer to [City and Town Population Data](#) or [County Population Data](#). Tribes can refer to [My Tribal Area](#). If the project will partner with communities/tribes, data for all communities/tribes 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 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). For example, if funds are being requested for five years total, enter the requested budget amount for each of those budget periods in columns b, c, d, and e (i.e., four out years):
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period;
 - (d) Third column is the budget for the fourth budget period;
 - (e) Fourth column is the budget for the fifth budget period.
 Use Line 16 for federal funds and Line 17 for non-federal funds.

See [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 (35 points – approximately 3 pages)

1. Identify and describe the geographic catchment area where the project will be implemented and the population(s) of focus that will be impacted by the capacity building in the targeted systems or agencies. Describe the burden of substance use/substance use disorder in your geographic catchment area. Specify your population estimate and the catchment area (Community/Tribe) you plan to serve with SPF-PFS funds. This estimate must align with the catchment area provided in **Attachment 10** and support the funding category selected (Category A, B, or C).
2. Describe the population(s) of focus identified in A.1 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 community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being. 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 (30 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 5 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 (20 points – approximately 1 page)

1. Describe your organization's experience with similar projects.
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, minimum 0.5 FTE required, and Data Analyst, minimum 0.5 FTE required). 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 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 Substance Abuse Prevention National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be submitted prior to making an award.
- A currently funded organization may submit one application. However, the application submitted cannot have the same population of focus and/or geographic/catchment area of your currently funded project. The application submitted under this NOFO must address a different population of focus and/or a different geographic/catchment area(s). **If you submit an application that does not meet the criteria listed above, it will be screened out and not considered for funding.** A currently funded organization cannot receive more than one additional award.
- Organizations are considered currently funded if they receive SPF-PFS Communities/Tribes funding under the following NOFOs:
 - FY 2022 (SP-22-004) - project period 09/30/2022 - 09/29/2027
 - FY 2023 (SP-23-004) - project period 09/30/2023 - 09/29/2028
 - FY 2024 (SP-23-004) - project period 09/30/2024 - 09/29/2029
 - FY 2025 (SP-25-002) - project period 09/30/2025 - 09/29/2030
- A new organization, which is an organization that has not received an award under the following NOFOs listed above, may submit no more than two applications; however, each application must focus on a different population of focus or a different geographic/catchment area(s). **If a new organization submits two applications with the same population of focus and geographic/catchment area(s), the latest application received from the organization in Grants.gov will be screened out and not considered for funding.** A new applicant organization cannot receive more than two awards.

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 15, 2026.

IMPORTANT NOTE: SAMHSA will accept and review only the first 60 complete, successfully submitted, and high-quality applications received via eRA. Once this threshold is met, the submission portal will close, and no further applications will be considered.

- 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 eRA Commons using the OMB-approved CSAP-PPR template. The progress report is due within 90 days following the end of each budget period. The PPR should cover all grant activities during the reporting period and must include, at a minimum:

- Reporting period activities and accomplishments
- Evaluation updates and outcomes, including Annual Evaluation Report
- Planned activities for the upcoming reporting period
- Reporting period challenges and mitigation strategies implemented

Annual Evaluation Report: You are required to identify up to 3 community-level prevention priorities to address. For each priority, you must clearly describe how your program or activities lead to changes at the community-level. The Annual Evaluation Report is due within 90 days following the end of each budget period as part of the Evaluation Updates and Outcomes section of the PPR.

An annual PPR does not need to be submitted the last year of the project.

Quarterly performance reports will be due in SPARS. The reports are due within 30 days following the end of the reporting period. Annual targets reports are due in SPARS at the end of the first month of each budget period (October 31).

Required Work Plans

- Needs Assessment due with the second quarterly performance report (**April 30, 2027**)

- Evaluation Plan due with the second quarterly performance report (**April 30, 2027**)
- Implementation Plan due with the third quarterly performance report (**July 31, 2027**)
- Evaluation Report due with the Annual PPR (**due 90 days following the end of each budget period**).

You must submit a **Final PPR** 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](#).