Notice of Funding Opportunity

Application due July 17, 2026

SAMHSA
Substance Abuse and Mental Health Services Administration

Safety Through Recovery, Engagement, and Evidence-Based Treatment and Support

Opportunity number: SM-26-019

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up to date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on July 17, 2026.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic Information

Substance Abuse and Mental Health Services Administration (SAMHSA)

Important Resources

You are expected to follow guidance provided in the ***FY 2026 NOFO*** *Application Guide [PDF]* (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

- **Section 506 of the Public Health Service Act, 42 U.S.C. 290aa-5, as amended.**
- **Section 509 of the Public Health Service Act,42 U.S.C. 290bb-2, as amended.**
- **Section 520A of the Public Health Service Act, 42 U.S.C. 290bb-32, as amended.**

Agency Contacts

Program and Eligibility Questions

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Review Process and Application Status Questions

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Key Facts

Opportunity Name: Safety Through Recovery, Engagement, and Evidence-Based Treatment and Support

Short Title: STREETS

Opportunity Number: SM-26-019

Announcement Version: Original

Federal Assistance Listing: 93.243

Eligible Applicants: Eligibility is limited to political subdivisions of States, Indian tribes, and tribal organizations.

See Eligibility for complete eligibility information.

Key Dates

Application deadline: July 17, 2026

Expected Award Date: September 1, 2026

Expected Start Date: September 30, 2026

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

Summary

The purpose of this program is to support comprehensive, street-based engagement, treatment, and recovery support services for individuals who are homeless and have serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), or co-occurring mental and substance use disorders (COD).

The STREETS program will reach people where they are, with assertive outreach and treatment and services that fit their individual needs. It uses a community-wide approach that brings together local government, health and housing providers, law enforcement, and the courts. STREETS will find people who need help in their community and connect them with care and housing support.

Housing assistance will require participation in treatment and will focus on moving people to sobriety and self-sufficiency. Civil, specialty, criminal courts, and criminal justice system involvement (including Assisted Outpatient Treatment [AOT] programs, drug and other specialty courts, and diversion programs where available)will be used to engage people who cause community disturbances, are a danger to themselves or others, or lack the insight and motivation to seek needed care to the extent allowed under state law.

The STREETS program advances evidence-based approaches that promote recovery, self-sufficiency, and public safety. The STREETS program aligns with the Administration's principles including in the White House Executive Order 14321 "Ending Crime and Disorder on America's Streets" and Executive Order 14379 "Addressing Addiction through the Great American Recovery Initiative" and SAMHSA Strategic Priorities to expand high-quality behavioral health care; by taking appropriate actions to increase awareness of the disease of addiction, help Americans receive the treatment they need, and foster a culture that celebrates recovery.

With this program, SAMHSA aims to reduce the rates of homelessness among individuals with SMI/SED/SUD/COD in the community and directly combat the devastating effects of addiction on American streets. This program is designed to advance SAMHSA Strategic Priorities and the Make America Healthy Again agenda [PDF].

Funding Details

Funding Type: Cooperative Agreement

Estimated Total Available Funding: $24,000,000

Estimated Number of Awards: Up to 8 awards

Estimated Award Amount: Up to $3,000,000 per year per award

Length of Project Period: Up to 4 Years

Your annual budget cannot be more than $3,000,000 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 to support comprehensive and coordinated street-based engagement, treatment, and recovery support services (making full use of AOT and other civil commitment processes where appropriate) for individuals who are homeless and have SMI, SED, SUD, or COD.

SAMHSA encourages grantees to implement whole-of-government/whole-of-community approaches that develop and sustain partnerships and collaborations among and across government agencies, nonprofit organizations, academic institutions, faith-based entities and the private sector to meet this program's goals.

You are expected to create and carry out a coordinated, community response encompassing these six activities:

- Establishing governance structures, cross-system partnerships (including faith-based organizations [PDF] and active coordination with law enforcement, first responders, and court systems) and data infrastructure.
- Providing coordinated, street and place/location-based engagement to locate, assess, and enroll eligible individuals.
- Quickly connecting people to needed treatment and supports to accurately address clinical needs; and to reduce overdoses, crisis situations, and future justice system involvement by promoting sobriety, self-sufficiency, and sustained recovery.
- Providing intensive, evidence-based substance use and mental health treatment, monitoring, and accountability to support stabilization, sustained engagement, and success in housing placements, including sober/recovery housing placements for those with addiction.
- Connecting eligible individuals with housing assistance contingent on active substance use and mental health treatment participation and demonstrated recovery progress.
- Implementing a comprehensive performance monitoring, evaluation, and quality improvement framework.

This program implements the principles described in White House Executive Order 14321 "Ending Crime and Disorder on America's Streets", White House Executive Order 14379 "Addressing Addiction Through the Great American

Recovery Initiative", the Administration's Make America Healthy Again (MAHA) initiative [PDF] and SAMHSA Strategic Priorities. This includes:

- Preventing addiction and the suffering that results from substance use.
- Treating serious mental illness and substance use disorders.
- Increasing access to evidence-based care.
- Helping people achieve long-term recovery.
- Piloting innovative solutions to long-standing problems.

The U.S. Department of Housing and Urban Development (HUD) estimated that there were roughly 771,480 homeless people on a single night in January 2024 [PDF],[1] the highest level ever recorded and an 18 percent increase from the previous year. Although mental illness and substance use is common among homeless individuals, few receive treatment. According to data from a survey of California's homeless population[2]:

- Two-thirds (66 percent) of individuals reported current mental health symptoms but only 24 percent of this group had received either mental health counseling or medications in the last month.

Previous approaches to addressing homelessness did not require participation in substance use and mental health treatment to be eligible for housing and ignored the vital role of law enforcement and first responders who are often the first to engage with people **who are homeless** and have SUD or SMI. Following the direction given in the "Ending Crime and Disorder on America's Streets" Executive Order, SAMHSA intends the STREETS initiative to help engage and connect people to treatment and restore accountability so that individuals with SMI/SED/SUD/COD receive the comprehensive treatment they need and maintain their recovery and self-sufficiency.

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 [PDF] 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. **Each role should be filled by a qualified individual meeting at least the minimum level of effort and not split among multiple people.**

The Key Personnel for this program are as follows:

- The **Project Director (PD)** is responsible for oversight of the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The Level of Effort (LOE) is a minimum of a 0.5 full-time equivalent (FTE) position. The PD should have experience overseeing projects of similar scope and complexity, including management of clinical programs and coordination with external partners and stakeholders.
- The **Program Coordinator (PC)** is responsible for overseeing the day-to-day management and operations of the project, including staff supervision. The LOE is a 1.0 FTE position. The PC should have experience working with eligible individuals served by this project and with managing staff and operations of similar scope and complexity.
- The **Program Evaluator (PE)** is responsible for evaluating the processes and outcomes of the grant. The LOE is a minimum of a 0.2 FTE position.

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.

- You 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.
  - Reducing any Key Personnel's level of effort by 25% or more.

Required Activities

Funds for this program are primarily for providing services to individuals. These services must begin within six months after award.

In the Project Narrative, you will provide the following:

- B.1: The unduplicated number of clients you propose to serve each year of the project.
- B.2: A description of how you will implement the required activities.

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.

Community Readiness, Governance, and Targeting

STREETS requires the establishment of governance structures, cross-system partnerships, and data infrastructure to identify, prioritize, and manage individuals who are homeless.

1. Formalize Cross-System Partnerships via a Memorandum of Understanding (MOU):

Within four (4) months of award, formalize cross-system partnerships by executing one Memorandum of Understanding (MOU) with partners and stakeholders.

The partners and stakeholders are responsible for project oversight, cross-system coordination, monitoring progress toward grant goals, and guiding implementation, evaluation, and continuous quality improvement activities. The partners and stakeholders should convene at least quarterly.

Partners and stakeholders must include:

- STREETS Project Director and Program Coordinator.
- SAMHSA Government Project Officer or designee.
- Representatives from behavioral health provider organizations delivering the majority of SMI, SED, SUD, and COD services in the service area, including any Certified Community Behavioral Health Clinics (CCBHCs).
- A representative from a Federally Qualified Health Center, Healthcare for the Homeless, or other accessible primary care provider that serves the community receiving the grant.
- Representation from local housing agencies, housing and shelter providers, including faith-based providers (if applicable).
- The HUD-funded Continuum of Care (CoC) or other entity coordinating the local homelessness response.
- A representative from local law enforcement and a representative from local community corrections systems.
- A representative from the local court system managing Assisted Outpatient Treatment (AOT) and/or other civil commitment processes and, if applicable, a representative from specialty courts (e.g., Mental Health Courts, Homeless Courts, Care Courts; Drug, Family, and Tribal Courts).

The MOU may also include the following as optional participants:

- Peer groups.
- Individuals in recovery from SMI, SED, SUD, or COD.
- Public health departments.
- Human/social services agencies.
- Transportation providers.
- Faith-based organizations.
- Emergency medical services/fire departments.
- Hospitals and primary care providers.
- Educational institutions.
- Private-sector businesses or chambers of commerce and/or neighborhood/civic organizations.
- Other inpatient and outpatient behavioral health providers, opioid treatment programs (OTPs).
- Behavioral health crisis response systems.
- Employment and education providers.

- Family members or caregivers of homeless or formerly homeless individuals.
- Specialty courts.
- Park services.
- Outreach organizations.

Letters of Commitment (LOCs) from required partners and stakeholders must be submitted as Attachment 1 with the application.

Note: The MOU must define roles, responsibilities, decision-making processes, referral pathways, data-sharing protocols, and coordination mechanisms aligned with the STREETS NOFO.

The MOU must be updated annually, and must include at a minimum:

- Responsibilities for identification and status tracking of individuals for outreach and engagement, avoiding duplication of existing mechanisms.
- Law enforcement and crisis response coordination, including for individuals causing public disturbance or who have other justice/court involvement.
- Tracking availability of local shelter and housing resources and other potential placements including residential treatment, prioritizing assistance that requires treatment and service participation.
- Data coordination and sharing, including efforts to match and share data across health, housing, criminal justice, and other service systems to identify, prioritize, and better serve the population of focus.

2. Conduct an Environmental Scan and Hotspot Mapping:

Within five (5) months of award, conduct and maintain:

2a. An environmental scan and gap analysis of community resources to support eligible individuals across public health, employment, education, housing, civil court, and criminal justice systems, and update annually thereafter.

2b. Ongoing hotspot mapping analysis using available data sources (e.g., outreach records, emergency medical services, hospital utilization, crisis systems, and law enforcement/corrections contacts) to identify geographic areas and populations with the highest concentration of individuals **who are homeless** and have SMI, SED, SUD, or COD (referred to as eligible individuals).

3. Develop and Maintain a Treatment-Priority By-Name List:

Within five (5) months of award, develop (or establish access to) and maintain a secure, treatment-priority by-name list to track eligible individuals from initial contact through treatment engagement, stabilization, housing placement, and independence.

Note: The list must support real-time tracking, prioritization for services and housing based on clinical and social needs, and coordination across participating systems, consistent with all applicable federal and state individual informed consent, privacy, and confidentiality requirements and other related laws and regulations. Also, see **Attachment 3** requirements.

4. Coordinate with Existing Homelessness and Behavioral Health Systems:

Throughout the project period, coordinate all STREETS activities with HUD-funded CoC Collaborative Applicants and projects, SAMHSA Projects for Assistance in Transition from Homelessness (PATH) providers, crisis response systems, and other local initiatives to prevent duplication, align service pathways, and maximize impact.

Street-Based Engagement and Clinical Identification

5. Provide Coordinated, Street-Based Engagement

Within six (6) months of award, provide coordinated, street-based engagement to locate, assess, and enroll eligible individuals **who are homeless**, with a focus on rapid identification and immediate linkage to care. The following should be included as a part of the coordinated, street-based engagement:

5a. Deploy Mobile Clinical Engagement Team(s): Deploy multidisciplinary mobile clinical engagement teams to operate in unsheltered settings and other community locations where individuals **who are homeless** are present. Teams should include an appropriate mix of medical professionals, licensed behavioral health clinicians and other behavioral health professionals, peer specialists, and case management staff. These teams should closely coordinate with law enforcement and first responders.

5b. Conduct Integrated Screening and Eligibility Assessment: Integrated screening and assessment for SMI, SED, SUD, and COD must be conducted to determine STREETS eligibility, clinical acuity, and appropriate next steps for treatment initiation and stabilization.

5c. Actively Support Housing Connection and Entry: Provide active support to help people enter shelters, transitional housing, residential or inpatient treatment, sober/recovery housing or other housing placements while maintaining a focus on initiating and engaging people in treatment. For those individuals not eligible for STREETS, make referrals to appropriate resources.

5d. Provide Immediate Clinical Triage and Stabilization: Immediate clinical triage must be provided for individuals presenting with acute psychiatric symptoms, substance use withdrawal or risk for withdrawal, overdose risk, or other urgent medical or behavioral health needs, prioritizing rapid connection to appropriate care and preventing unnecessary emergency system or inpatient utilization when feasible.

5e. Initiate evidence-based SUD or COD treatment: Initiate treatment, including U.S. Food and Drug Administration (FDA)-approved Medications for Substance Use Disorders (MSUDs), or make referrals without delay, as clinically indicated.

5f. Provide behavioral health promotion, psychosocial support, and suicide prevention services and referrals as appropriate.

5g. Deliver Overdose Prevention Education and Response Services in accordance with **SAMHSA's Dear Colleague Letter** [PDF]on the Executive Order on Ending Crime and Disorder on America's Streets.

6. Rapid Access to Treatment and Care Coordination

Within six (6) months of award, the grantee must have established a system for timely initiation of evidence-based treatment for enrolled individuals to prevent clinical deterioration and reduce overdose, crisis, and justice system involvement. Eligible individuals may be enrolled through voluntary treatment and stabilization or court-referred or mandated treatment (e.g., AOT, civil commitment, specialty courts) for individuals meeting legal and clinical criteria. The following should be included as a part of the rapid treatment initiation and care coordination for enrolled individuals:

6a. Facilitate Immediate Access to Evidence-Based Treatment via walk-up or same-day/next-day access to treatment through fixed-site or mobile access points following enrollment.

6b. Assign Care Coordination and Supports: Case management and peer support must be provided to support engagement, system navigation, care transitions, transitions to the community from jails and prisons, and retention. This should include facilitation of family and informal supports.

Intensity of care coordination should be responsive to the level of individual need.

6c. Actively Coordinate with Civil Courts, AOT, Specialty Courts, and Criminal Justice Diversion: Develop care coordination pathways to ensure that individuals who are subject to civil commitment or are involved with specialty courts or diversion programs are connected to treatment and recovery supports through the STREETS program.

6d. Provide Benefits Navigation: Help people connect to and resolve issues related to benefits, supports, and public systems they may be eligible for or involved in.

Ongoing Treatment, Monitoring, and Accountability

7. Within six (6) months of award, provide intensive treatment, monitoring, and accountability to support stabilization, sustained engagement, and readiness for housing.

The following should be included as a part of the treatment stabilization, monitoring, and accountability for enrolled individuals:

7a. Implement Individualized Service and Treatment Planning: An individualized treatment and service plan must be developed within two (2) weeks of enrollment and adjusted over time based on clinical need and response.

7b. Deliver Integrated, Evidence-Based Treatment Services: Integrated SUD and SMI/SED treatment must be delivered or coordinated, including appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. Coordination with courts and treatment providers must ensure continuity of care. Treatment and supports should be appropriate to the individual level of need, and more intensive services should be made available to individuals with higher levels of need, such as ACT for individuals with SMI who need that level of care to function in the community. Timely psychiatric evaluation and treatment must be provided for individuals with SMI, SED, or COD including appropriate use of clozapine and long-acting injectable antipsychotics.

7c. Monitor Participation and Adherence: Actively monitor and support treatment participation, medication adherence, and adherence with legal mandates. Coordinate with civil courts and criminal justice systems to support adherence of people under legal mandates to participate in

treatment. Throughout the STREETS initiative, use practices that increase engagement, such as motivational interviewing, shared decision making, person-centered care, focusing treatment and service plans on the goals of the person being served, psychoeducation, and other efforts to address the concerns of the people receiving services.

7d. Provide Peer Support and Recovery Navigation: Ongoing peer support and recovery navigation must be provided to promote engagement, reduce stigma, and support continuity of care.

7e. Plan for Step-Down and Continuing Care: Adjust service intensity according to need, including step down and continuing care as well as service level increases when needed.

Connection to Housing Placement and Recovery-Oriented Transitions

8. Throughout the project period, connect eligible individuals to housing and other governmental and non-governmental assistance, through the CoC, state or local housing authorities and other partners.

Connection to housing supported under this grant is contingent upon treatment participation. The following requirements apply to this required activity:

8a. Define clear housing pathways for individuals meeting treatment engagement and compliance criteria. These may include supervised residential programs, supportive housing for people with SMI, sober/recovery housing, faith-based housing, or other transitional housing models that support ongoing treatment participation. Programs should support self-sufficiency and, when feasible and clinically appropriate, unsubsidized housing.

8b. Ensure housing placements allow access to and use of FDA-approved medications, including MSUD and psychiatric medications.

8c. Include with housing supports:

- Housing transition and connection services to help people obtain the appropriate housing placement and navigate transitions from inpatient settings, correctional settings, shelters, transitional housing, and other settings.

- Housing and tenancy sustaining services to help individuals maintain housing and retain connections to needed services and treatment after housing is established.

8d. Provide sober/recovery housing consistent with SAMHSA's Best Practices for Recovery Housing [PDF].

8e. Partner with employment and educational services, faith-based organizations, and other community resources to support self-sufficiency.

Note: Housing First approaches that provide housing without treatment and support for sobriety and recovery are not permitted under this program.

Continuous Quality Improvement, Evaluation, and Technical Assistance

9. Within six (6) months of award, implement a comprehensive performance monitoring, evaluation, and quality improvement framework:

9a. Collect and Report Client-Level Performance Data: Client-level data must be collected and reported to assess treatment initiation and retention, engagement in recovery supports, housing transitions and stability, returns to homelessness, employment and education outcomes, and criminal justice involvement. Specific reporting requirements will be provided post-award.

9b. Leverage Health Information Technology and Data Systems: Electronic health records, health information exchanges, other health data, criminal justice system data, and homeless management information systems must be used, as permitted, to support coordination, outcome tracking, and reporting. STREETS grant recipients must pursue matching and sharing data across these systems to support identification of new service recipients, prioritization of resources, and care coordination.

9c. Conduct Ongoing Performance Review and Continuous Quality Improvement: Performance data must be reviewed at least monthly by the Program Evaluator and Project Director and at least quarterly by the partners and stakeholders to assess progress, identify gaps, and inform corrective action.

9d. Participate in Evaluation and Learning Activities: Participation in all required evaluation activities and peer learning collaboratives are required. Findings may be disseminated to inform broader policy and practice.

9e. Engage in Technical Assistance and Knowledge Dissemination: Engagement with SAMHSA TA Center(s) Collaboration and other federal or non-federal resources on dissemination products may be required to advance field-wide learning. See https://www.samhsa.gov/technical-assistance.

Allowable Activities

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

- **Provide Contingency Management (CM) interventions:** Treatment providers/programs may include contingency management (CM) as a component of their treatment services, as approved by SAMHSA, and may provide incentive values of up to $750 per individual patient, per federal fiscal year. There is no set limit on the value of each motivational incentive to reinforce a specific behavior. See **Appendix A** for more information.

  Special Condition: To help prevent fraud and misuse of funds and to ensure CM is used correctly, grantees who plan to use CM interventions with SAMHSA grant funds will be required to comply with CM guidance described in the Advisory on ***Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services [PDF]***.

  - In Attachment 11, you must submit a CM readiness plan to ensure: (1) that staff receive appropriate education on CM prior to implementation; and (2) that oversight of CM implementation and operation is in place. This CM plan must include a detailed description of how adherence to the safeguards described in the Advisory on ***Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services [PDF]*** will be monitored. The plan must be formalized within **90 days of award**, and also describe:
    - The role of individuals in delivery and monitoring of CM services.
    - The behaviors that have been selected for incentives, the approach to verifying that the behavior(s) has been achieved, and the evidence base supporting the intervention.
    - The type of CM services to be offered.
    - The process for monitoring fidelity to evidence-based practices.
    - How training requirements will be met.
    - How you will implement and monitor adherence to the safeguards described in the SAMHSA CM Advisory.

- **Same-Day Screening, Testing, and Treatment Initiation:** Conduct on-site or community-based screening and testing for HIV, viral Hepatitis (Hepatitis B and Hepatitis C), Sexually Transmitted Infections (STIs) including gonorrhea, chlamydia, and syphilis, and latent tuberculosis infection (LTBI) **as recommended by CDC**.
- Provide Hepatitis A and Hepatitis B vaccinations as necessary.
- For people who test positive for:
  - a. HIV, Hepatitis B, Hepatitis C, and/or LTBI you must refer and link them to treatment services.
  - b. STIs, you must provide or refer and link them to treatment services.
- **Transportation:** Individuals served should be supported to make use of public transportation, but use of funds for direct transportation is allowable in instances without a public transportation option.
- **Community Engagement:** Consider the communities that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages you to:
  - Engage communities, when practicable, during the design phase.
  - Develop programs in consultation with communities benefiting from or impacted by the program.
  - Consider available data, evidence, and evaluation results from past programs.

Eligibility

Eligible Applicants

Eligibility is limited to political subdivisions of States (cities, counties), Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25).

The issues addressed by the STREETS initiative require a community-based approach and political subdivisions of states, Indian tribes, and tribal organizations are uniquely positioned to implement STREETS activities because they have the scope and authority to direct the provision of services at the community-level.

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 E of your Project Narrative.

You must report *client-level* data in SAMHSA's Performance Accountability and Reporting System (SPARS) using SAMHSA's performance measurement tool. Data collection, the reporting tool, and related guidance will be provided post-award. The tool collects self-reported survey data from enrolled individuals and grantee-reported administrative data about the services provided. You can visit **SAMHSA's Performance Measures** webpage to view the performance measurement tool. Data must be entered in SPARS no later than 30 days after collection and must be collected at the following points:

1. Intake to SAMHSA-funded services.
2. Six-months post-intake (reassessment) for active clients.
3. 12-months post-intake and annually thereafter for active clients.
4. Administrative closeout from SAMHSA-funded services.

You must collect and report selected monitoring indicators on a quarterly basis. The data collection and reporting tool and related guidance will be provided post-award.

You will be required to report on measures related to outreach, screening, linkages to treatment and support, and prevention activities.

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.

Your organization is also required to conduct an evaluation of your project. You will be asked to provide input on proposed evaluation questions and design, collect data, and report evaluation findings and recommendations. Evaluations are conducted to build an evidence base for the program. Your evaluation will enable you to improve project performance and increase understanding of factors that contribute to the success of your program. SAMHSA will provide additional requirements on the scope and expectation after award.

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 client-level and program-level data and involve any subrecipients. For more information, see **FAQs**.

Performance Assessment

Your organization is required to submit annual 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.

Required measurement areas will include:

- Area homeless census, including unsheltered homelessness.
- Engagement in recovery supports.
- Treatment initiation and retention rates.
- Employment and educational outcomes.
- Use of emergency services.
- Criminal justice involvement.

- Transitions to stable housing and housing stability.
- Rates of return to homelessness.

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

Using Evidence-Based and Evidence-Informed Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In Section C of the Project Narrative, you must identify the evidence-based practice (EBP) and/or evidence-informed practice (EIP) that will be used. For more information, see the Grants Glossary.

If an EBP(s) exists for the individuals to be served and types of problems or disorders being addressed, it is expected you will use the available EBP(s). If an EBP does not exist but there are evidence-informed practices that are appropriate, you may implement these interventions. In C.3, you must discuss how you will ensure the fidelity of the practice(s) you will implement.

You can visit SAMHSA's Evidence-Based Practices Resource Center to identify the appropriate practices for mental illness and substance use prevention, treatment, and recovery support that can be used in your project.

Cooperative Agreement Requirements

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

Your organization must:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Participate in monthly calls with your Government Project Officer (GPO), to keep federal program staff informed of emerging issues, developments, and problems.

- Participate in selected technical assistance and engagement activities identified by your GPO.

SAMHSA staff roles:

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

SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance, consultation, and be available for additional assistance when appropriate.
- Serve as a point of contact to facilitate technical assistance, connection to other grantees and resources, and resolution of program questions.
- Participate in meetings with partners and stakeholders to represent SAMHSA and answer questions related to federal participation.
- Review and approve all key personnel.
- If applicable, approve the contingency management readiness plan.

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

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 [PDF] Initiative. In addition, there are other expectations included in *Section I [PDF]* in the *Application Guide* that you must consider as you design your project.

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

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.
2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

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

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **Recovery, Sobriety, and Self-Sufficiency:** Provide support and treatment to help individuals achieve long-term recovery, sobriety, independence, and improved functionality in work-life responsibilities.

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 SAMHSA's Dear Colleague Letter [PDF] on Medication-Assisted Treatment (MAT), if your proposed project funds MAT/medications for opioid use disorder (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.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense[3] in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than $10.00 per client per day.
- You 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).
- 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.
- Funds may not be used to pay for non-sober/recovery housing, housing application fees, or housing security deposits. [Note: Sober/recovery housing is an allowable cost.].
- Housing placements must allow access to and use of FDA-approved medications, including MSUD and psychiatric medications.
- Medications to treat HIV, Hepatitis B, Hepatitis C, or LTBI.
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for HIV.
- 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.**
    - **Any other initiatives that compromise public safety.**
- Discretionary awards must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter [PDF]on the Executive Order on Ending Crime and Disorder on America's Streets.
- Housing First approaches are not permitted under this program.
- If applicable, Contingency Management (CM) funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b(b)). Funds may not be used to offer CM incentives in the form of cash or cash equivalents. Furthermore, enhanced or expedited access to SUD treatment or recovery support services are not permitted as incentives.

Note: Per Standard Funding Restrictions in Section G [PDF] in the *Application Guide,* a treatment or prevention provider may provide up to $30 non-cash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview, and it is not considered to be a part of CM funding amounts or subject to the CM guardrails.

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.

Evidence of Experience and Credentials

SAMHSA trusts that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise are able to provide the required services quickly and effectively. All required activities must be provided by you directly, by subrecipients, or through referrals to partnering agencies.

In Attachment 1, you must provide:

- Letters of Commitment (LOCs) from each mental health and substance use disorder prevention, treatment, or recovery support provider organization (which may include you). The LOC must state the organization's specific role, activities, and services provided for the project.
- LOCs from all required partners and stakeholders.
- Experience: Each mental health and substance use disorder prevention, treatment, or recovery support provider organization (which may include you) must submit documentation demonstrating at least two years of experience providing relevant services (as of the due date of the application).
- Official documents: Each service provider must submit documentation demonstrating compliance with all applicable local (city or county) and state licensing, accreditation, and certification requirements (as of the due date of the application).

The above requirements apply to all service provider organizations. An individual's license cannot be used. Tribes and tribal organization mental health and substance use disorder prevention, treatment, recovery support providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

This is not a screen-out criterion. Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for an award if the requested information is not received by the due date.**

Step 2:
Get Ready to Apply

In this step

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 [PDF] 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 in *Section A* of 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-26-019.**

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

In this step

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
☐ Project abstract	Project Abstract Summary form.	1 page
☐ Project narrative	Project Narrative Attachment form	20 pages
☐ 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
☐ 1. Letters of commitment (LOCs)/Service Providers/Evidence of Experience and Credentials	None
☐ 2. Data collection instruments and interview protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	2 pages
☐ 5. Biographical sketches and position descriptions	See: Biographical Sketches
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status,*not applicable*	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. Charitable Choice Form	None
☐ 11. Contingency Management Plan, if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Assurances for Non-Construction Programs (SF-424B)	None
☐ Project/Performance Site Location(s)	None
☐ 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 served.
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project.
- The age range and distribution of the population planned to be served.
- The clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served.
- Strategies and interventions that will be implemented through the grant.
- Project goals.
- 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: 20 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 20-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 ask for. As you develop your budget, consider:

- If 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 *Section F* 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)/Service Providers/Evidence of Experience and Credentials

In **Attachment 1**, you must provide:

- Letters of Commitment (LOCs) from each mental health and substance use disorder prevention, treatment, or recovery support provider organization (which may include you). The LOC must state the organization's specific role, activities, and services provided for the project.
- LOCs from all required partners and stakeholder members.
- Experience: Each mental health and substance use disorder prevention, treatment, or recovery support provider organization (which may include you) must submit documentation demonstrating at least two years of experience providing relevant services (as of the due date of the application).
- Official documents: Each service provider must submit documentation demonstrating compliance with all applicable local (city or county) and state licensing, accreditation, and certification requirements (as of the due date of the application).

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

As appropriate, submit sample consent forms that provide for:

- Informed consent for participation in service intervention.
- Informed consent for participation in the data collection component of the project.
- Informed consent for the exchange (release or request) of confidential information.

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 four 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 and Human Subjects

See *Section C* 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

Not Applicable

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Attachment 10: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations

You must complete Form SMA 170 if your project is providing substance use prevention or treatment services.

Attachment 11: Contingency Management Plan (if applicable)

As a part of Attachment 11, you must:

- Submit a CM readiness plan to ensure: (1) that staff receive appropriate education on CM prior to implementation; and (2) that oversight of CM implementation and operation is in place. This CM plan must include a detailed description of how adherence to the safeguards described in the Advisory on Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services [PDF] will be monitored.
- See Appendix A for more information.

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 at 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 in Line 4 (eRA Commons Username).

- In **Line 17** (Proposed Project Date), enter: a. Start Date: 9/30/2026; b. End Date: 9/29/2030.
- **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 of a completed SF-424 [PDF].

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., Years 2, 3, and 4). For example, if funds are being requested for four years total, enter the requested budget amount for each of those budget period in columns b, c, and d (i.e., three 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.

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

Step 4: Learn About Review and Award

In this step

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 20-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 20 pages.
- There are up to five sections (Sections A–E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion.**
- 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 (10 points – approximately 3 pages)

1. Identify and describe the individuals this project will serve and the geographic area where services will be provided.
2. Describe the population you will serve 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 for this project, including housing, treatment, and service gaps, differences in access to care, and current prevalence rates or incidence data to show the scope of the problem. Identify your data sources (e.g., National Survey on Drug Use and Health (NSDUH)). You may include citations in an attachment – they do not count toward the page limit.

B: Proposed implementation approach (30 points – approximately 7 pages)

1. State your project goals and measurable objectives. These must align with your statement of need in A.3. (See Developing Goals and Measurable Objectives.)

Complete the following table for the 4-year project period.

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

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, Executive Order 14321 "Ending Crime and Disorder on America's Streets initiative" and Executive Order 14379 "Addressing Addiction Through the Great American Recovery Initiative."
4. In Attachment 4, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 4 years of the program. It must include:
    - Dates, key activities (including all required activities, and responsible staff).
    - Indicate when service delivery will begin.

    Note: The attachment does not count toward the page limit for the Program Narrative.

C: Proposed evidence-based practice (EBP) and/or evidence-informed practice (EIP) (20 points – approximately 3 pages)

1. Identify the EBP(s) and/or EIP(s) that you will use. Discuss how each intervention chosen is appropriate for the individuals you will serve.
2. Describe any modification(s) you will make to the EBP(s) and/or EIP(s) and the reasons the modification(s) are necessary. If you are not proposing to make any modification(s), indicate so in your response.
3. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. For more information about monitoring fidelity, see Fidelity Monitoring Tip Sheet [PDF].

D: Organizational experience and staffing (25 points – approximately 4 pages)

1. Describe your local system's current capacity to provide coordinated behavioral health and housing services.
2. Describe your community's capacity and activities in the following areas:
    - Enforcing prohibitions on open illicit drug use, urban camping, squatting, and sex offender registration compliance.
    - Using AOT, civil commitment, and other court-supervised treatment mechanisms.
    - Innovative approaches to housing, employment, educational support with high rates of housing stability over time.
    - Serving and providing housing-related supports for populations with serious and complex needs, including individuals with SMI, OUD and polysubstance use.
    - Leveraging innovative technology and data sharing to support identification, tracking, and supports.
    - Connecting chronically homeless individuals or frequent users of emergency services with housing.
3. Identify any organization(s) you will partner with. For each, include a description of their experience providing services to the individuals you plan to serve and their specific roles and responsibilities for this project. [Note: LOCs from each mental health and substance use disorder prevention, treatment, or recovery support provider organization, as well as from all required partners and stakeholder members must be included in Attachment 1.].

4. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director, Program Coordinator, Program Evaluator). 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 providing services to the individuals to be served.

E: Data collection and performance measurement (15 points – approximately 3 pages)

1. Describe how you will collect the performance measures and measurable objectives data for this project, which will measure the success and progress towards your goals.
2. Describe how you will use the data to manage, monitor, and enhance the program (see Developing the Plan for Data Collection and Performance Measurement).
3. Describe your plans for the required internal program evaluation, outcomes measurement, and quality improvement activities, including detail about the required measurement areas.

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you have 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 will 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. Decisions may be based on the following:

- Approval by both the Center for Mental Health Services and Center for Substance Abuse Treatment National Advisory Councils.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.

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

In this step

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 Friday, July 17, 2026.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in *Section A* in the *Application Guide*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log 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. For more information, 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

In this step

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 [PDF]. See *Section H [PDF]* 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 Notice of Award (NoA) will provide specific details.

You are required to submit an annual Programmatic Progress Report (PPR) in Years 1 through 3 and a cumulative Final Progress Report (FPR) in Year 4. The annual progress report is due within 90 days of the end of each budget period. The cumulative Final Progress Report must be submitted within 120 days after the end of the entire project period.

You must use the OMB-approved Excel **Programmatic Progress Report (PPR)** template for your program. The PPR must discuss:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress achieving goals and objectives and implementing evaluation activities.
- Progress implementing required and selected allowable activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.
- Success stories.
- Program specific measures (PSM), including organizations/providers who are part of the community partnership.

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see **SAMHSA Reporting Requirements**.

Appendix A

Contingency Management (CM)

Contingency Management (CM) interventions can provide incentive values of up to $750 per individual patient, per year. There is no set limit on the value of each motivational incentive to reinforce a specific behavior.

To mitigate the risk of fraud and abuse by providers or clinics, while also promoting evidence-based practice, grant recipients proposing to implement CM interventions as part of their grant award will be required to comply with the following conditions:

1. Grant recipients must use an evidence-based protocol for delivering CM that is consistent with the needs of the population of focus and aligns with the following requirements:
    - Either prize-based or voucher-based protocols are permitted.
    - Abstinence, SUD treatment attendance, and medication adherence are allowed to be used as incentivized behaviors.
    - Receipt of the CM incentive is contingent upon achievement of a specified behavior, consistent with the patient's treatment plan, which has been verified with objective evidence.
    - The minimum required duration of treatment is 12 weeks.
    - Incentive magnitudes must align with what has been found effective in the research literature (with adjustments for economic factors, such as high cost of living) to ensure that incentives sufficiently motivate achievement of the incentivized behavior.
    - Caps on the cumulative annual value of incentives per patient (below the $750 limit) must be high enough to accommodate incentives of a sufficient magnitude and to minimize the likelihood that patients being treated with prize-based CM have to prematurely discontinue treatment because they exceed the cap after receiving multiple high-value incentives.
    - Incentives must be provided immediately following verification that the incentivized behavior is achieved.
2. CM interventions that use abstinence as an incentivized behavior must conduct rapid point-of-care (POC) drug testing in person using an FDA-approved, Clinical Laboratory Improvement Amendments (CLIA)-waived test to verify the behavior. Sites must obtain CLIA certification prior to

implementing abstinence-based CM interventions. Offices or facilities using CLIA-waived tests must comply with all applicable laws and regulations, including CLIA certification requirements from the Centers for Medicare & Medicaid Services.

3. CM interventions that use SUD treatment attendance as an incentivized behavior may be delivered via telemedicine and other related evidence-based technological interventions (e.g., quitlines).
4. Assessment of whether incentivized behaviors are achieved (i.e., through POC testing or confirmation of treatment attendance or medication adherence) and the provision of incentives must be conducted by a health care practitioner who is authorized to provide SUD treatment services in that state. Peer specialists are not permitted to deliver CM, as many components of the intervention fall outside of their traditional scope of activities and can place them in a role of authority that conflicts with the peer-to-peer relationship. Peer specialists are nonetheless important members of the overall SUD care team and may provide other services to individuals receiving CM as authorized by the state in which they practice.
5. Recipients of CM services must be 18 years of age or older.
6. Each grantee that offers CM must designate one or more individuals to act as "champions" for CM implementation. The "champion" is responsible for:
    - Overseeing implementation of CM interventions at their facility or office.
    - Securing the necessary training for clinicians and staff.
    - Monitoring for fidelity to evidence-based practice.
    - Connecting CM providers with coaching as needed,
    - Monitoring the safe storage of tangible CM incentives, and tracking the release of incentives based on objective evidence of achieving the desired behavior.
    - Documentation and record-keeping related to the disbursement of CM incentives.
7. To ensure fidelity to evidence-based practice, those who will implement, administer, and supervise CM interventions must participate in CM-specific training prior to services starting. Training should be delivered by an advanced degree holder who is experienced in the implementation of evidence-based CM. Training should be easily accessible, and it can be delivered live or through pre-recorded training sessions. When individuals receive training through pre-recorded sessions, they should

have an opportunity to pose questions and to receive responses in a timely manner. Training should contain the following elements:

- The core principles of CM:
  - Behavior of focus.
  - Population of focus.
  - Type and value (or amount) of reinforcer (incentive).
  - Frequency of reinforcement distribution.
  - Timing of reinforcement distribution.
  - Duration of reinforcement(s) use.
- How to describe CM to eligible and ineligible patients.
- Evidence-based models of CM and protocols to ensure continued adherence to evidence-based principles.
- Testing methods and protocols for specific substances and/or behaviors including opportunities to challenge test results.
- Allowable incentives, appropriate selection of incentives, storage of incentives, and immediacy of awards (as proximal to the behavior or test as feasible).
- Integration of CM into clinical activities and program design.
- Documentation standards.
- Roles and responsibilities, including the roles of the supervisor, decision maker and direct care staff.
- Techniques for clinical supervisors to provide ongoing oversight and coaching.

8. The grantee's organization must maintain written documentation in the patient's medical record that includes the following:
   - The type of CM model and incentives offered that are recommended by the patient's licensed health care professional.
   - A description of the CM incentive furnished.
   - An explanation of the health outcome or specific behavior achieved.
   - A tally of incentive values received by the patient, to confirm that per incentive and total incentive caps are observed.
9. CM is delivered to patients for whom it is recommended by their treating clinician, who is licensed under applicable state law.
10. The CM incentive may be tangible items or vouchers or gift cards with purchase restrictions. Cash, unrestricted cash equivalents, parenting time, and enhanced or expedited access to SUD treatment or recovery

support services are not permitted as incentives. Additionally, the following items are not permitted as incentives and must be restricted from purchase using vouchers or gift cards:

- Weapons.
- Intoxicants (e.g., alcohol).
- Over-the-counter preparations containing possible intoxicants (e.g., dextromethorphan).
- Tobacco products.
- Pornographic materials.
- Gambling-related items (e.g., lottery tickets).

11. CM is intended to be a one-time intervention and an adjunct to other therapeutic modalities. However, repeat courses of CM are permissible if:
    - At least 12 months have elapsed since the completion of the person's last CM course.
    - The treating clinician believes that, based on changes in the individual's clinical status, circumstances, or environment, a repeat course of CM is now more likely to achieve sustained benefit.
    - Other evidence-based treatment options have been considered.
12. No person markets the availability of a CM incentive to encourage a patient to receive federally reimbursable items or services or to receive such items and services from a particular provider or supplier.
13. Patients will be informed that they are not permitted to enroll in more than one CM service, and that this includes CM services offered by different agencies or entities.
14. In addition to the data elements required under this grant, grantees implementing CM are also required to report out on the following additional CM metrics:
    - Number of entities implementing CM.
    - Number of unique individuals receiving CM services.
    - Type (prize-based or voucher-based) and focus (attendance and/or abstinence) of CM services provided.
    - Average incentive amount received per person.
    - The number of people who discontinued CM services for an unplanned reason during the CM treatment intervention.
    - Number of people who continued CM treatment to completion.

In addition to the above safeguards, grant recipients should read the HHS Report to Congress on CM for the Treatment of Substance Use Disorders and comply with all recommendations under the *Enhancing Clinical Approaches to CM Delivery* and *Provider and Organizational Standards to Promote Evidence-Based Practices for CM* sections.

Endnotes

1. The 2024 Annual Homeless Assessment Report (AHAR) to Congress. The U.S. Department of Housing and Urban Development 2024. https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html . ↑
2. Kushel, M., Moore, T., et al. (2023). Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative. https://homelessness.ucsf.edu/our-impact/studies/california-statewide-study-people-experiencing-homelessness . ↑
3. Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding. ↑