Substance Abuse and Mental Health Services Administration (SAMHSA)

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

NOFO Name: Tribal Opioid Response Grants

Short Title: TOR

NOFO Number: TI-26-012

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Tribal Opioid Response Grants

Short Title: TOR

Opportunity Number: TI-26-012

Announcement Version: Original

Federal Assistance Listing: 93.788

Eligible Applicants: Eligibility is limited to federally recognized American Indian or Alaska Native Tribe or Tribal organizations as defined in **25 USC 5304**. Tribes and Tribal organizations may apply individually, as a consortium, or in partnership with an Urban Indian Organization. See **Eligibility** for complete eligibility information.

Key Dates

Application deadline: **July 16, 2026**

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

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 TOR program is authorized under the **Further Consolidated Appropriations Act, 2024**, Division D, Title II [Public Law 118-47] and section 1003 of the **21st Century Cures Act** (42 USC 290ee–3 note), as amended.

Agency Contacts

Program and Eligibility Questions

William Longinetti
Office of Tribal Affairs and Policy
240-276-1190
william.longinetti@samhsa.hhs.gov
OTAP@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1400
NOFOBudget.CSAT@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Tiffany Gray
240-276-0541
Tiffany.Gray@samhsa.hhs.gov

Summary

The purpose of the TOR program is to assist in addressing the opioid overdose crisis in Tribal communities by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and supporting the continuum of prevention, treatment, and recovery support services for opioid use disorder (OUD) and co-occurring substance use disorders. This program also supports prevention, treatment, and recovery support services for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

With this program, SAMHSA aims to:

- Increase the number of individuals receiving MOUD and/or other substance use disorder (SUD) treatment;
- Increase access to opioid overdose reversal medications;
- Decrease mortality from drug overdoses; and
- Promote education of school-aged children, first responders, and other community members on opioid and/or stimulant misuse.

This program is designed to advance SAMHSA Strategic Priorities and the Make America Healthy Again agenda.

Funding Details

Funding Type: Grant

Estimated Total Available Funding: $4,800,000

Estimated Number of Awards: 19

Estimated Award Amount: See **Appendix A** and **Appendix B** for distribution

Length of Project Period: Up to 5 years

Your annual budget (direct and indirect) in any year of the project cannot exceed the base award per year amount, as determined by your IHS User Population listed in Appendix A. 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 TOR program is to assist in addressing the overdose crisis in Tribal communities by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and supporting the continuum of prevention, treatment, and recovery support services for opioid use disorder (OUD) and co-occurring substance use disorders, and stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

This program aligns with several of **SAMHSA's Strategic Priorities**, including:

- Preventing substance misuse, abuse, and addiction
- Expanding crisis intervention care and services
- Improving access to evidence-based treatment for mental illness, substance use, and co-occurring disorders
- Helping individuals achieve long-term recovery and sobriety
- Identifying and addressing emerging behavioral health threats

By supporting life-saving opioid overdose prevention and infectious disease prevention, this program demonstrably furthers the goals set forth in **Executive Order 14321 – Ending Crime and Disorder on America's Streets**, as well as **Executive Order 14379 – Addressing Addiction Through the Great American Recovery Initiative**.

This program also supports the National Tribal Behavioral Health Agenda's (TBHA) Cultural Wisdom Declaration (CWD) and inclusion of ancestral cultural knowledge, wisdom, ceremony, and practices of American Indian and Alaska Native Tribes into the award application.

Between 2018 and 2021, American Indians and Alaska Natives had the highest drug overdose death rate from fentanyl and other synthetic opioids, excluding methadone.[1] Data from the 2024 National Survey on Drug Use and Health indicate that American Indians and Alaska Natives have the highest rate of opioid and prescription pain reliever misuse among any race or ethnicity.[2]

SAMHSA aims to increase the number of individuals receiving MOUD and/or other SUD treatment, increase access to naloxone and other opioid overdose reversal medications, decrease mortality from drug overdoses, and promote education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse. SAMHSA requires that FDA-approved MOUD be made available to those diagnosed with an OUD. MOUD **includes** methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, and injectable extended-release naltrexone.

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.

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[1] Han B, Einstein EB, Jones CM, Cotto J, Compton WM, Volkow ND. Racial and Ethnic Disparities in Drug Overdose Deaths in the US During the COVID-19 Pandemic. JAMA Netw Open. 2022;5(9):e2232314. doi:10.1001/jamanetworkopen.2022.32314

[2] Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases

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 is as follows:

- **Project Director (PD):** The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The PD must serve a minimum of 0.25 full-time equivalent level of effort.

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:
Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.

- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
  - Replacing or removing Key Personnel, or
  - Reducing any Key Personnel's level of effort by 25% or more

Required Activities

Funds for this program are primarily for providing services to clients. These services must begin **four** months after receiving the 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.

You are required to select one or more activities from the treatment, recovery support services, prevention, or overdose/infectious disease prevention activities listed below. You are not required to choose an activity from all four service areas but should choose the most appropriate set of activities to make OUD treatment, recovery support, and prevention services available in your community.

TREATMENT: Implementing evidence-based service delivery models that enable the full spectrum of trauma-informed treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders. Treatment programs may be culturally-driven and include culturally-specific interventions. Treatment activities may include, but are not limited to:

- Provide or support the use of MOUD in addition to psychosocial services in settings including:
  - Outpatient, intensive outpatient, or partial hospitalization levels of care.
  - Non-specialty settings such as emergency departments, crisis units, urgent care centers, certified community behavioral health clinics and community mental health centers, and pharmacies.
  - Residential programs that provide intensive services to those meeting medical necessity criteria, provided the care continuum includes a connection to MOUD in the community once discharged from the residential program.
  - Primary care or other clinical practice settings.
- Address the multi-faceted and complex needs of individuals with stimulant use disorder (e.g., polydrug use, psychosis, violence, co-occurring stimulant use and mental disorders, etc.).
- Provide low-threshold services that impose minimal requirements of patients, thus removing or reducing barriers to treatment and expanding access to care.
- Use innovative **telehealth** strategies to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery, including audio-only telehealth as permissible by federal and state law.

RECOVERY: Recovery support includes a broad range of services to assist individuals and families to initiate, stabilize, and maintain long-term SUD recovery. You may implement recovery support services including but not limited to:

- Train peer recovery specialists and/or recovery coaches following the guidelines required in each state or jurisdiction. Certification requirements for peers may include those developed by state certification entities, Tribes and Tribal organizations.
- Hire or contract with peer recovery specialists and/or recovery coaches, including those working towards certification, to provide services such as recovery coaching, telephone recovery check-ups, warmlines, and other supports.
- Provide recovery housing consistent with **SAMHSA's Best Practices for Recovery Housing**.
- Recovery housing must allow access to and use of U.S. Food and Drug Administration-approved medications, including medications for opioid use disorders and/or alcohol use disorders. Funds can be used for:
- Paying bed fees for program participants; and
- Paying fees related to state certification.
- Promote client job training and education. You may pay for or provide logistical assistance to clients to access peer recovery training, provide assistance with soft skills development, and connect clients to job fairs and other events to network and find career opportunities.
- Create Recovery Supportive Communities, such as facilitating recovery events or by designating space to support recovery group meetings and social gatherings.
- Create and expand programs to support recovery for those currently incarcerated and for those preparing for and experiencing re-entry after incarceration.

PREVENTION: Implement prevention and education services including but not limited to:

- Develop evidence-based community prevention efforts, such as strategic communications messaging on the consequences of stigma, opioid and stimulant misuse, and implement school-based prevention programs, elder education, and outreach.
- Enhance community-wide policies and procedures to incorporate trauma-informed practices.
- Train Tribal staff (e.g., behavioral health providers, school staff, housing personnel, youth workers, etc.) in reducing Adverse Childhood Experiences (ACEs).
- Provide support to individuals impacted by SUDs, including screening, case management, referrals, and warm hand-offs to resources and psychosocial supports. SAMHSA encourages award recipients to raise awareness of the 988 Suicide and Crisis Lifeline (**https://samhsa.gov/find-help/988**) and other crisis services available to anyone in the Tribe.

OPIOID OVERDOSE/INFECTIOUS DISEASE PREVENTION: Implement opioid overdose and infectious disease prevention services including:

- Train peers, first responders, other healthcare workers, school personnel, human services personnel, and other key Tribal members on the recognition of opioid overdose and appropriate use of FDA-approved opioid overdose reversal medications such as naloxone. Recipients are encouraged to make use of available **SAMHSA Training and Technical Assistance** resources to meet training needs.
- Purchase and distribute naloxone and other opioid overdose reversal medications to reduce the incidence of fatal overdoses.
- Purchase naloxone vending machines or emergency naloxone cabinets as a means of increasing access to naloxone and other opioid overdose reversal medications.
- Conduct naloxone saturation mapping and assessment to identify areas of unmet need for distribution of and access to naloxone and other opioid overdose reversal medications.
- Hire and train staff to effectively deliver opioid overdose/infectious disease prevention services, including, but not limited to, mobile outreach, motivational interviewing techniques, and trauma-informed care.
- Provide support services for individuals receiving opioid overdose/infectious disease prevention services, including, but not limited to, screening, referral, linkage to care, and warm handoffs to partner services focused on SUD treatment, infectious disease, mental health services, primary care, housing, employment/education and other psychosocial needs.

Allowable Activities

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

- Complete a community readiness or needs assessment, and a comprehensive strategic plan, based on the most current epidemiological data or participate in an assessment conducted by others such as local hospitals or public health departments.
- Implement workforce development activities to ensure that individuals working in Tribal communities are well versed in strategies to prevent and treat opioid misuse and use disorders.
- Incorporate culturally appropriate and traditional practices into the program design and implementation.
- Provide assistance to patients with treatment costs and developing other strategies to eliminate or reduce treatment costs for under- and uninsured patients. You may provide cost assistance to clients for transportation, childcare, and other supportive services. They may also provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.

- Purchase and/or implement mobile and/or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal and state regulations.
- Support education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases.
- Develop and implement tobacco/nicotine product (e.g., vaping) cessation programs, activities, and/or strategies.
- Assess the impact of the award. (Consider working with Tribal Epidemiology Centers or an Evaluator to implement this activity. However, including an Evaluator in the staffing component is not required).
- 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 applicants.
- **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 C** for more information.

  Special Conditions for CM:

    - To mitigate the risk of fraud and abuse, while also promoting evidence-based practice, grantees who plan to implement CM interventions as part of their SAMHSA grant award will be required to comply with CM guidance described in the Advisory on **Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services**.
    - If you plan to implement CM you must submit a CM readiness plan, in **Attachment 10**, 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** will be monitored. For more detailed information regarding CM, please see **Appendix C**. The plan must be formalized within 90 days of award, and also describe:

a. The role of individuals in delivery and monitoring of CM services
b. Which behaviors have been selected for incentives, the approach to verifying that the behavior(s) has been achieved, and the evidence base supporting the intervention
c. The type of CM services to be offered
d. The process for monitoring fidelity to evidence-based practices
e. How training requirements will be met
f. How the grant recipient will implement and monitor adherence to the safeguards described in the Advisory on **Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services**

Note: TOR funds may not be used to purchase mobile phones or other mobile devices for clients. Award recipients may, however, take advantage of subscription plans that offer free devices with their service. The use of mobile services should be encouraged to enable access to treatment, recovery, and other related services. Clients will not be allowed to accrue additional charges with TOR funds for mobile applications and other mobile content that is not related to their treatment and recovery services.

Eligibility

Eligible Applicants

Eligible applicants are:

Federally recognized American Indian/Alaska Native (AI/AN) Tribes, Tribal organizations, and consortia of Tribes or Tribal organizations.

A Tribal organization is:

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

Consortia of Tribes or Tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single Tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.
Tribal organizations must submit evidence of Tribal organization status, as defined in **25 USC 5304** in **Attachment 7**.

TOR recipients who received funding under TI-24-009 are not eligible to apply for this funding opportunity.

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 data in SAMHSA's Performance Accountability and Reporting System (**SPARS**) using approved SAMHSA performance measurements tools. You can visit **SAMHSA's Performance Measures** webpage to view the performance measurement tools. Data collection and reporting tools and related guidance will be provided post-award.

The two data collection tools used in the TOR program include:

The SAMHSA Unified Performance Reporting Administrative and Client Tools (SUPRT-A & SUPRT-C). This tool collects data on program participants and the services provided during the program. Data must be entered in SPARS no later than 30 days after collection and will be collected at three points:

- Intake to SAMHSA-funded services
- Six months post-intake (reassessment) for active clients.
- Administrative closeout from SAMHSA-funded services.

The State Opioid Response/Tribal Opioid Response SOR/TOR Program Instrument. This tool collects data on program-level outcomes and is submitted on a quarterly basis in SPARS. The SOR/TOR Program Instrument will collect the following measures:

- Naloxone and other opioid overdose reversal medications purchase and distribution
- Overdose reversals
- Education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse

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

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

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress towards 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**.

Using Evidence-Based, and/or 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.**

SAMHSA recognizes that EBPs may not be available for all populations and/or service settings (e.g. for Tribal communities). 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.

SAMHSA Strategic Priorities and Other Expectations

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

As a part of the project funded under this NOFO, 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. **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 the **SAMHSA's Dear Colleague Letter** on MAT, if your proposed project funds MAT/MOUD, this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

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

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care. If your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

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

Recipient Meetings and Technical Assistance

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

We plan to hold grant meetings (may be virtual or in-person), which require the participation of key personnel for the grant (Project Director). You will be given more information about these meetings at a future date.

If in-person meetings are scheduled, budget revisions will be permitted.

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.
- 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).
- 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.
- Sober/Recovery housing is an allowable cost. However, funds may not be used to pay for non-recovery housing, housing application fees, or housing security deposits.
    - Recovery housing must allow for U.S. Food and Drug Administration-approved medications, including medications for opioid use disorders and/or alcohol use disorders. Funds can be used for:
        - Paying bed fees for program participants; and
        - Paying fees related to state certification.
- 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.
- Regarding the use of 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

[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.

cash equivalents. Furthermore, enhanced or expedited access to SUD treatment or recovery support services are not permitted as incentives.

- 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.

TOR funds may not be used to purchase mobile phones or other mobile devices for clients. Award recipients may, however, take advantage of subscription plans that offer free devices with their service. The use of mobile services should be encouraged to enable access to treatment, recovery, and other related services. Clients will not be allowed to accrue additional charges with TOR funds for mobile applications and other mobile content that is not related to their treatment and recovery services.

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.

Other Requirements

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 submit Letter(s) of Commitment (LOC) to show that you can meet the following three service provision requirements:

- The services provider for the services appropriate to the award must be involved in the project. The provider may be your organization, or another organization committed to the project as demonstrated by an LOC that states their commitment to that service provision.

- Applicants must submit official documentation that all participating Tribal mental health/substance abuse treatment provider organizations: 1) comply with all applicable

Tribal requirements for licensing, accreditation, and certification; OR 2) provide documentation from the Tribe or other Tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

- Non-Tribal mental health/substance use disorder treatment provider organizations must have at least two years of experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last two years). Non-Tribal mental health/substance use disorder treatment provider organizations must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

The above requirement 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

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 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: TI-26-012.

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
☐ Project abstract	Project Abstract Summary Form.	1 page
☐ Project narrative	Project Narrative Attachment form	10 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, if applicable	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	2 pages
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Documentation of Tribal Organization status	None
☐ 8. IHS User Population Estimate Information and Need-Based Supplement Award Eligibility	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. Contingency Management Statement of Certification	None
☐ 11. Charitable Choice Form	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, 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 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

1. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
2. LOCs from these direct service provider organizations. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project. Tribes and Tribal organizations applying as a consortium must include signed letters from each participating entity.
3. Statement of Certification: You must provide a written statement certifying that all partnering non-Tribal service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

Note: The above requirement 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.**

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 **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 and Human Subjects

See ***Section C*** in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Documentation of Tribal Organization status

Tribal organizations must submit evidence of Tribal organization status, as defined in **25 USC 5304**

Attachment 8: IHS User Population Estimate Information and Need-Based Supplement Award Eligibility.

You must complete and submit the table listed in **Appendix A** using the information provided in **Appendix A** – Annual Base Award Allocation of Tribal Opioid Response Grants and **Appendix B** – List of Highest Overdose Mortality Counties for Need-Based Supplement Eligibility.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Attachment 10: Contingency Management Statement of Certification

If you plan to implement CM with TOR funds, you must provide a written statement certifying that you will comply with the conditions and training requirements for CM as outlined in **Appendix C** of this NOFO.

Attachment 11: 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.

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 9** (Type of Applicant 1) select only one appropriate Applicant type.
    For a Tribal grantee, select one of the following as applicable:
    I – Native American Tribal Government (Federally Recognized) – if the applicant is a federally recognized Tribal government.
    J – Native American Tribal Organization (other than Federally Recognized Tribal Government) – if the applicant is a Tribal organization that is not itself the federally recognized Tribal government (e.g., Tribal health organization, Tribal nonprofit, Tribal consortium).
    K – Indian/Native American Tribally Designated Organization Government
    L – Public/Indian Housing Authority

U – Tribally Controlled Colleges and Universities

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

- In **Line 17** (Proposed Project Date), enter: a. Start Date: 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 of a **completed SF-424**.

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

  Section A – Budget Summary:
  - As cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

  Section B – Budget Categories:
  - As cost sharing/match is **not required,** use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

  Section C – Non-Federal Resources:
  - As cost sharing/match is **not required,** leave this section blank.

  Section D – Forecasted Cash Needs:
  - Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.
  - Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

  Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:
  - Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5).

    (b) First column is the budget for the second budget period;
    (c) Second column is the budget for the third budget period;
    (d) Third column is the budget for the fourth budget period;
    (e) Fourth column is the budget for the fifth budget period.
    Use Line 16 for federal funds and Line 17 for non-federal funds.

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

It is highly recommended you use the Budget Template on the SAMHSA website. See the Budget Template Users Guide and the sample completed SF-424A forms at Sample SF-424A (Match Not Required) | . **For additional information, see *Section F* in the *Application Guide* and Budget Related FAQs.**

Step 4: Learn About Review and Award

Application Review

Initial Review

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

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

Merit Review

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

- The Project Narrative cannot be longer than 10 pages.
- There are 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 1 page)

1. Identify the individuals you will serve and the geographic catchment area where you will deliver services.

2. Describe the individuals 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 why there is a need for this project, including any service gaps and differences in access to or provision of services. Current prevalence rates or incidence data must be used to document the need. The data sources must be identified (e.g., **National Survey on Drug Use and Health (NSDUH)**, **CDC National Vital Statistics**). 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. Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Treatment Services*						
Recovery Support Services*						
Prevention Services						
Opioid Overdose/Infectious Disease Prevention						
SPARS Target						

***Note:** Of those individuals receiving treatment and recovery support services, applicants must indicate the total number of individuals who will complete the SAMHSA Unified Performance Reporting Tool (SUPRT) for each award year; the total receiving treatment and applicable recovery support services will be the applicant's SUPRT target in SPARS.

2. Describe how you will implement 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: Proposed evidence-based practice (EBP), and/or evidence-informed practice (EIP) (25 points – approximately 2 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**.

D: Organizational experience and staffing (15 points – approximately 1 page)

1. Describe your organization's experience providing services to Tribal populations and training to Tribal staff and other providers.
2. 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 partnering organization must be included in **Attachment 1.**]
3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director – 0.25 LOE). 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 (20 points – approximately 1 page)

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**).

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's Strategic Priorities**. To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA's 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:

- When the individual award is over $250,000, approval by the Center for Substance Abuse Treatment National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.

TOR recipients who received funding under TI-24-009 are not eligible to apply for this funding opportunity.

Other principles that may be considered in funding decisions include:

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

Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a **Notice of Award (NoA)** will be emailed to: (1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the Project Director identified on page 1 of the SF-424 (8f).

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

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

Step 5: Submit Your Application

Submission Requirements and Deadlines

Go to **Find the Application Package** to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See **Get Registered**.

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

Deadlines

Application

Due on July 16, 2026.

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

Intergovernmental Review

You will need to submit application information for intergovernmental review under **Executive Order 12372**. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. 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

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 a Programmatic Progress Reports at six and twelve months. The six-month report is due no later than 30 days after the end of the second quarter. The annual progress report is due within 90 days of the end of each budget period. You are not required to submit an annual progress report for year 5. Rather, you will submit a Final Progress Report covering the entire five-year project period.

The **programmatic progress report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives and implementing evaluation activities;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges; and
- Problems encountered serving the populations of focus and efforts to overcome them.

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

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

Appendix A – Annual Base Award Allocation of Tribal Opioid Response Grants

Grant awards will consist of base awards and need-based supplement awards for eligible applicants. Funds for base awards will be distributed based on the FY 2025 Indian Health Service user population estimate data and the values provided below. Dollar amounts are based on user population of Tribes. If a Tribe elects to partner with another Tribe to apply, base award amounts of each Tribe in the application may be summed for the total application budget. The first column shown represents the Tribe's user population. The second column shows the **maximum** base award amount for which the Tribe may apply **per year**. You may elect to apply for less than the amount shown; however, you may not apply for more than the annual amount shown in any year of the grant.

IHS User Population	Base Award Per Year
1-10,000	$250,000
10,001-20,000	$425,000
20,001-40,000	$750,000
40,001+	$1,750,000

You must complete the table below and submit in **Attachment 8**. Please refer to the FY 2025 IHS user population estimate dataset and indicate your current user population estimate and the specific service unit within the dataset representing your user population. If your application includes partnering Tribes, a table should be completed for each partnering Tribe. If you have questions about your user population estimate, please contact your designated **IHS Area Statistical Officer**.

Name of Tribe	[Insert the name of applicant Tribe]
IHS User Population Estimate	[Insert FY2025 user population estimate]
IHS Service Unit	[Insert IHS service unit]
Need-Based Supplement Eligible Counties	[Insert any counties you will serve from Appendix B]

Appendix B – List of Highest Overdose Mortality Counties for Need-Based Supplement Eligibility[4]

Applicants who plan to serve one or more of the counties listed in the table below will be eligible for additional need-based supplemental grant funds. Applicants should complete the table in Appendix A and indicate which county or counties they plan to serve with the TOR grant. The exact amount of supplemental funds available will be determined after application submission.

STATE	COUNTY
Alaska	Anchorage Municipality
Alaska	Fairbanks North Star Borough
Alaska	Juneau City and Borough
Alaska	Kodiak Island Borough
Alaska	Matanuska-Susitna Borough
Arizona	Apache County
Arizona	Coconino County
Arizona	Maricopa County
Arizona	Navajo County
Arizona	Pima County
Arizona	Pinal County
California	Humboldt County
California	Kern County
California	Lake County
California	Mendocino County
California	San Francisco County
California	Sonoma County

[4] The TOR formula need-based supplement was devised in order to quantify American Indian/Alaskan Native (AI/AN) opioid mortality burden at the county level. The data for the need-based supplement was taken from the most currently available National Vital Statistics System (NVSS) restricted use files: Detailed Mortality all counties 2019-2021. The formula need-based supplement components include decile rankings of (1) mean county-level AI/AN overdose mortality (counts) over 3 years, (2) mean county-level AI/AN overdose death rate over three years by total population, (3) mean county-level AI/AN overdose death rate over three years by AI/AN population, (4) total AI/AN population per county, and (5) total county-level AI/AN overdose deaths summed over three years. By combining rates and counts, the formula strikes a balance of addressing the needs of both smaller and larger Tribes.

STATE	COUNTY
Colorado	Denver County
Idaho	Bannock County
Maine	Penobscot County
Maine	Washington County
Michigan	Isabella County
Minnesota	Becker County
Minnesota	Beltrami County
Minnesota	Carlton County
Minnesota	Cass County
Minnesota	Hennepin County
Minnesota	Mahnomen County
Minnesota	Mille Lacs County
Minnesota	Ramsey County
Minnesota	St. Louis County
Montana	Cascade County
Montana	Hill County
Montana	Lake County
Montana	Roosevelt County
Montana	Rosebud County
Montana	Yellowstone County
Nevada	Washoe County
New Mexico	Bernalillo County
New Mexico	McKinley County
New Mexico	Otero County
New Mexico	Rio Arriba County
New Mexico	San Juan County
New Mexico	Sandoval County
New York	Erie County
North Carolina	Cumberland County
North Carolina	Hoke County
North Carolina	Jackson County
North Carolina	Robeson County
North Carolina	Scotland County
North Carolina	Swain County
North Dakota	Benson County
North Dakota	Burleigh County
North Dakota	Cass County

STATE	COUNTY
North Dakota	McKenzie County
North Dakota	Mountrail County
North Dakota	Sioux County
North Dakota	Ward County
Oklahoma	Adair County
Oklahoma	Caddo County
Oklahoma	Muskogee County
Oklahoma	Oklahoma County
Oklahoma	Pittsburg County
Oklahoma	Pontotoc County
Oklahoma	Sequoyah County
Oklahoma	Tulsa County
Oregon	Klamath County
Oregon	Multnomah County
South Dakota	Pennington County
South Dakota	Roberts County
Washington	Clallam County
Washington	Grays Harbor County
Washington	King County
Washington	Kitsap County
Washington	Mason County
Washington	Pierce County
Washington	Snohomish County
Washington	Spokane County
Washington	Thurston County
Washington	Whatcom County
Washington	Yakima County
Wisconsin	Ashland County
Wisconsin	Brown County
Wisconsin	Milwaukee County
Wisconsin	Sawyer County
Wisconsin	Shawano County
Wyoming	Fremont County

Appendix C: Contingency Management

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 participants 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; and

        - 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; and
    - 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; and
    - 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.