

Follow the six steps
in the application process:

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: Emergency Department Alternatives to
Opioids Program

Short Title: ED-ALT

NOFO Number: TI-26-018

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Emergency Department Alternatives to Opioids Program

Short Title: ED-ALT

Opportunity Number: TI-26-018

Announcement Version: Original

Federal Assistance Listing: 93.788

Eligible Applicants: Eligibility is statutorily limited to hospitals and emergency departments, including freestanding emergency departments and rural emergency hospitals. See [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: 07/27/2026

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

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

Important Resources

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

Authorizing Statute

The ED-ALT Program is authorized under [42 U.S.C. 294i-1](#).

Agency Contacts

Program and Eligibility Questions

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Financial and Budget Questions

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Review Process and Application Status Questions

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Summary

The purpose of the program is to establish and implement practices which will help your organization develop alternatives to pharmacological opioid interventions, reduce the potential harmful consequences of opioid use for pain care in hospitals and emergency departments (EDs), thereby promoting safer pain treatment and reducing the risk of future opioid misuse and possible opioid overdose. The goal of the Emergency Department Alternatives to Opioids (ED-ALT) program is to expand the use of non-opioid pain management protocols for patients presenting with pain in emergency care settings. The program supports early identification of opioid use disorder (OUD) and timely intervention and referral to OUD care.

Your organization is expected to

- Develop and implement person-centered care approaches
- Collect data and analyze pain conditions and treatment strategies
- Provide practitioner training on MOUD
- Provide practitioner and ED personnel training on use of opioids and alternatives to opioids in treating pain
- Develop and/or enhance use of alternatives in treating pain
- Disseminate information on use of opioid-pain alternatives work to the public
- Use SAMHSA-funded MOUD training and technical assistance resources

- Obtain SAMHSA approval of all medication and intervention alternatives to use of opioid pain medication
- Coordinate care with external organizations to ensure treatment continuity

With this program, SAMHSA aims to strengthen ED workforce knowledge on using non-opioid alternatives to pain management and OUD treatment interventions by providing staff training on non-opioid pain care, safe opioid prescribing, OUD screening, and providing FDA-approved medications for opioid use disorder (MOUD).

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

Funding Details

Funding Type: Grant

Estimated Total Available Funding: \$6,000,000

Estimated Number of Awards: Up to 12

Estimated Award Amount: Up to \$500,000 per year per award

Length of Project Period: Up to 3 Years

Your annual budget cannot be more than \$500,000 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 the ED-ALT Program is to establish and implement practices which will help your organization develop alternatives to pharmacological opioid interventions for pain, reduce the potentially harmful consequences of opioid use for pain care in hospitals and EDs, and thereby promote safer pain treatment and reduce the risk of future opioid misuse and possible opioid overdose. The program goals include:

- Reduced reliance on opioids for pain management in ED and hospital settings
- Increased use of evidence-based, non-opioid pain management alternatives
- Lowered risk of future opioid misuse among patients treated for pain
- Earlier identification of OUD among individuals presenting with pain
- Improved intervention and linkage to care for patients with identified OUD

- Expanded practitioner capacity to deliver MOUD, including increased training and buprenorphine prescribing capability
- Improved quality and consistency of pain management practices across ED settings
- Improved patient outcomes, including better pain control and reduced unnecessary opioid prescribing, and
- Stronger care coordination and referral pathways between EDs and community-based services.

ED-ALT aims to reduce the use of opioids for pain using alternative therapies, identify and address OUD, and prevent overdose. In 2024, 2.8 percent of people aged 12 or older (or 8.0 million people) misused prescription pain relievers in the past year. Among people aged 12 or older in 2024 who misused prescription pain relievers in the past year, the most common main reason for their last misuse of a prescription pain reliever was to relieve physical pain (70.1 percent). In addition, 1.7 percent of people age 12 or older (or 4.8 million people) had a past year OUD¹.

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

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

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

¹[NSDUH](#), 2024

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 include:

- **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 also provides guidance to enhance the evaluation, quality improvement, and performance measurement of the project. The PD must ensure that the training content and curriculum design is evidence-based and meets the needs of learners with disparate learning styles. The Project Director position is 1.0 FTE level of effort.

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

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

Required Activities

Funds for this program are primarily for providing services to clients. Recipients are expected to begin providing services **within four (4) months of 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.

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

1. Person-centered care approaches

- Develop and implement person-centered treatment approaches for painful conditions frequently treated in the grant recipient’s ED, which are collaborative, recovery oriented and tailored to the recipient’s strengths, goals and preferences, rather than driven solely by a provider-driven system.

2. Data collection and analysis of pain conditions and treatment strategies

- Based on the organization’s trends, grant recipients should identify which pain conditions are most frequent and direct strategies to address those conditions. These strategies should reflect an understanding of pain management responses.

3. Practitioner training on MOUD

- Training of ED practitioners on screening for opioid use disorder (OUD) and substance use disorders (SUD). Screening for OUD/SUD should occur using standardized and validated screening tools. Incorporate the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) or another evidence-based approach as a protocol to standardize this process.
- Training of ED practitioners on the use of MOUD and how to successfully incorporate MOUD during ED treatment, with particular focus on buprenorphine prescribing as well as potential access to methadone. This activity is to ensure treatment is available for people with OUD who may be identified through screening and need treatment for pain and OUD.

4. Practitioner and ED personnel training on use of opioids and alternatives to opioids in treating pain

- Train practitioners and other ED personnel on protocols or best practices related to the use of opioid prescriptions, evidence-based opioid prescribing practices, risk mitigation with opioid prescribing, and alternatives to opioids for pain management in the ED.

5. Develop and/or enhance use of alternatives in treating pain

- Develop new or enhance existing strategies to provide alternatives to opioids in the ED setting. Alternatives must include non-pharmacological interventions alone or in combination with non-opioid pharmacological interventions. Strategies should include:
 - Team-based care including conducting comprehensive physical examinations to accurately describe the medical condition and pain experienced by the individual, examination for the presence of co-

occurring mental and/or substance use disorders (SUDs), supporting appropriate laboratory studies to assist in diagnosis and identification of current opioid medication and other substance use.

- Non-opioid pharmacological alternatives for pain treatment must be identified and implemented according to evidence-based protocols. Multimodal pain management approaches which combine pharmacological with non-pharmacological interventions permit greater flexibility in addressing pain as compared with a single-modality approach. Based on pain management research and the varying experiences of prior ED-ALT grantees, some alternatives include:
 - Physical therapy
 - Psychosocial interventions with demonstrated effectiveness in pain management such as defined cognitive-behavioral therapy models focused on pain
 - Other evidence-based interventions
- These resources must be initiated in the ED setting(s) with referral made for continued treatment in other organizational settings such as primary care or specialty pain management that offers an alternative to opioid therapies.
- This may include identification of a specific patient population focus, i.e., emphasize certain patient populations: e.g., pediatric, geriatric, or specific medical populations, such as patients with pain associated with sickle cell or other chronic, painful medical condition or pregnant and postpartum women.
- If focusing on specific patient populations, programs must ensure that efforts to reduce opioid use do not result in undertreatment of pain in populations that have historically faced barriers to adequate pain management.

6. Dissemination of use of opioid-pain alternatives work to the public

- Disseminate evidence-based practices to implement alternatives to opioids for pain. SAMHSA will work with each recipient to catalogue best practices and ensure these strategies are shared across the project portfolio and with the healthcare field at large.

7. Use of SAMHSA-funded MOUD training and technical assistance resources

- Utilize SAMHSA's existing Technical Assistance activities including the Technology Transfer Centers; the Opioid Response Network; and the Providers' Clinical Support System (PCSS) TA Centers to educate and train staff on integrating the effective use of MOUD in the ED.

8. SAMHSA approval of all medication and intervention alternatives to use of opioid pain medication

- Submit proposed medication(s) and intervention techniques to your SAMHSA Government Project Officer (GPO) for review and approval by the Office of the Chief Medical Officer.
 - The GPO must also be informed in writing, requesting approval if any modifications to your strategy are to be employed throughout the grant funding period. If treatment for OUD is required, medications used must be Food and Drug Administration (FDA)-approved.

9. Care coordination with external organizations to ensure treatment continuity

- Increase, improve, strengthen, and evaluate partnerships with community-based organizations, faith-based organizations, government agencies (including public health departments), businesses, educational institutions, and other organizations to meet patient needs in relation to managing pain as well as MOUD continuity post-ED visit.

10. Develop a Sustainability Plan

- Establish a sustainability plan and submit as part of each annual progress report and the final performance report, to create sustainable solutions to deliver services beyond the initial funding period, which supports long-term viability and impact.

Allowable Activities

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

- Hire and train Peer Support Specialists, Health Promotion Advocates, or Case Managers to support ED-based interventions and post-ED follow-up. Roles may include: conduct patient assessments to determine the needs of patients, provide pain alternatives psychoeducation, and follow-up services in monitoring patient continuity of care from ED to community pain management efforts.
- Extend ED-ALT implementation and/or staff training to other hospital departments.
- Address patient social factors that affect health, such as housing, food access, and transportation barriers and which are demonstrated to interfere with patient continuity of care and attendance of alternative to opioid pain management post-ED visit.
- Develop and/or enhance existing data collection and analysis platforms to effectively identify who is served and who is underserved in relation to ED-ALT.
- Establish new or modify existing order sets to identify patients who are being considered for alternatives to opioid pain management.
- Develop outreach and referral pathways that reach all community groups.
- Conduct data collection activities including administering pre- and post-surveys of ED staff and of patients.

- 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.
- Conduct on-site or by referral screening and testing for infectious diseases associated with SUD, including HIV, viral Hepatitis (Hepatitis B, HBV and Hepatitis C, HCV), bacterial Sexually Transmitted Infections (STIs, including gonorrhea, chlamydia, and syphilis) and latent tuberculosis infection (LTBI) following clinical guidelines.
 - For people that test positive for HIV, HBV, HCV, STIs, and/or LTBI, you should provide or refer and confirm linkage to treatment services. (See [Funding Restrictions and Limitations](#) section below for information about the purchase of medication to treat infectious diseases.)
 - For people that test negative for HIV but are at increased risk of getting HIV, provide education and referral as necessary to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) as necessary.
 - Provide Hepatitis A and Hepatitis B vaccinations as medically necessary.

Eligibility

Eligible Applicants

Eligibility is statutorily limited (per 42 U.S.C. 294i-1) to hospitals and emergency departments, including freestanding emergency departments and rural emergency hospitals.

Per statutory language, priority consideration will be given to applicants who are **not** from the following states, where current grantees are located (i.e., Arkansas, California, Indiana, Massachusetts, New Jersey, New York, North Carolina, Ohio) to seek geographic distribution.

Recipients who received ED-ALT funding in FY 2024 under NOFO TI-23-010 are not eligible for this funding opportunity.

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

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.

The ED-ALT Data Collection Report tool is an approved US Office of Management and Budget (OMB) form and will be used for data collection and reporting to SAMHSA. This instrument is an Excel document which includes five data categories:

- Awardee Information
- Key Performance Measures
- Patient Demographics
- Types of Therapies used
- Narrative Data responses

This data is collected quarterly by the recipient and reported to SAMHSA both semi-annually and annually.

The ED-ALT Data Collection Report should be uploaded in [SAMHSA's Performance Accountability and Reporting System \(SPARS\)](#) in accordance with the schedule provided upon award. Technical Assistance related to data collection and reporting will be offered. The respective quarters cover the following periods:

- Quarter 1 (Q1): October 1 – December 31
- Quarter 2 (Q2): January 1 – March 31
- Quarter 3 (Q3): April 1 – June 30
- Quarter 4 (Q4): July 1 – September 30

The collection of these data enables SAMHSA to report on key outcome measures relating to the program.

Some of the measures that recipients are required to report performance in SPARS via the ED-ALT Data Collection Report include:

- Number of practitioners trained on non-opioids therapies.
- Number of patients who received non-opioid therapies
- Number of practitioners trained in OUD
- Data on patients who received prescriptions for opioids after alternative pain management protocols and treatments were utilized.

All performance measure data collected by recipients and reported to SAMHSA will be used to demonstrate how the key outcome measures are increasing access to behavioral health services, retention in treatment, service use, and outcomes nationwide. Awardees will receive training and technical assistance on SPARS and the use of the ED-ALT Data Collection Report instrument after award notification.

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 that you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and if any changes are needed. You must also review your performance data to demonstrate that 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 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.

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider [SAMHSA's Strategic Priorities](#), which includes recovery, a commitment to innovation, data, gold-standard science, and access to high quality services for all, which align with the Administration's Make America Healthy Again

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

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

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

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

4. **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, substance use disorder, and/or 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.
7. **Parental Rights and Family Engagement:** Engage and empower parents and caregivers in decision-making related to the care and support their children receive, protecting parental rights and ensuring maximum transparency

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 patients' 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 expense² 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.
- 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.
- Grant funds may not be used to purchase:
 - Medications to treat HIV, HBV, HCV, or tuberculosis.
 - Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) for HIV.

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

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with [SAMHSA's Strategic Priorities](#).

² 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.

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 service provision requirements:

- Each service practitioner **must** be in 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 organizations hospital/ED 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

Get Registered

SAM.gov

You must have an active account with [SAM.gov](https://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 for. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: TI-26-018.

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

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

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

Attachments

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

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment (LOC)/Service Providers/Evidence of Experience and Credentials	None
<input type="checkbox"/> 2. Data collection instruments and interview Protocols	None
<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages
<input type="checkbox"/> 5. Biographical sketches and position descriptions	2 pages
<input type="checkbox"/> 6. Confidentiality and SAMHSA Participant Protection	None
<input type="checkbox"/> 7. Letter to the State Point of Contact	None
<input type="checkbox"/> 8. Documentation of nonprofit status	None
<input type="checkbox"/> 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
<input type="checkbox"/> 10. Charitable Choice Form	None

Other required forms

Use each required form in Grants.gov or eRA.

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

Application Contents and Format

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

The following links contain information on:

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

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area 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.
3. Statement of Certification: You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

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 3 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in [Required Activities](#).

Attachment 5: Biographical Sketches and Position Descriptions

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

Attachment 6: Confidentiality and SAMHSA Participant Protection 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

All private nonprofit organizations: you must submit proof of nonprofit status in your application. Any of the following is acceptable evidence of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in Section 501(c)(3) of the IRS Code.
- A copy of a current and valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.
- Any of the above proof for a state or national parent organization **and** a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

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 provides 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 17** (Proposed Project Date), enter: a. Start Date: 9/30/2026; b. End Date: 9/29/2029.
 - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
 - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

It is recommended you review the sample 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, Year 2 and Year 3. For example, if funds are being requested for three years total, enter the requested budget amount for each of those budget periods in columns b and c (i.e., two out years):
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period.Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

Step 4: Learn About Review and Award

Application Review

Initial Review

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

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

Merit Review

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

- The Project Narrative cannot be longer than 10 pages.
- There are 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 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 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 \(NSDUH\)](#)). (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	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](#).
4. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Project 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 with similar projects and/or providing services to the population(s) of focus.
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). For each, describe their:
 - Role;
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time); and
 - 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 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:

- 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.
- **Recipients who received ED-ALT funding in FY 2024 under NOFO TI-23-010 are not eligible for this funding opportunity.**
- Priority consideration will be given to applicants who are **not** from the following states, where current grantees are located (i.e., Arkansas, California, Indiana, Massachusetts, New Jersey, New York, North Carolina, Ohio).

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 **Friday July 31, 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.

Recipients are required to submit semi-annual Programmatic Progress Reports (at six and 12 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. The annual progress report for year 3 does not need to be submitted for the last budget period.

The ED-ALT Data Collection Report is required for both data collection and reporting to SAMHSA of quantitative data at baseline and quarterly and includes quantitative data such as

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information on the opioid alternative pain management strategies used, patient demographic characteristics, and the number of opioid prescriptions written. The data collection report also includes a **programmatic progress report** section which must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals, strategies, objectives and implementing evaluation activities;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Problems encountered serving the populations of focus and efforts to resolve them; and
- All updates and the ED-ALT Data Collection Report instrument must be uploaded to eRA.

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](#).