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: Comprehensive Opioid Recovery Centers

Short Title: CORC

NOFO Number: TI-26-013

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Comprehensive Opioid Recovery Centers

Short Title: CORC

Opportunity Number: TI-26-013

Announcement Version: Original

Federal Assistance Listing: 93.490

Eligible Applicants: Eligibility is statutorily limited to public and private nonprofit entities which provide treatment and other services for individuals with substance use disorders. See **Eligibility** for complete eligibility information.

Key Dates

Application deadline: 07/29/2026

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 Comprehensive Opioid Recovery Centers program is authorized under **Section 552 of the Public Health Service Act (42 U.S.C. 290ee–7)** as amended by **Section 303 of the SUPPORT for Patients and Communities Reauthorization Act of 2025.**

Agency Contacts

Program and Eligibility Questions

Belinda Greenfield, PhD
Center for Substance Abuse Treatment
240-276-2545
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Financial and Budget Questions

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Division of Grants Management
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NOFOBudget.CSAT@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Arvinda Khatri
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Summary

The purpose of the program is to establish and implement comprehensive treatment and recovery centers that deliver a full continuum of evidence-based SUD prevention, treatment and recovery support services to address Opioid Use Disorder (OUD) and the opioid epidemic, substance misuse, and other substance use disorders (SUD) and to ensure access to medications for treatment of SUDs.

The population of focus includes individuals:

- in need of comprehensive SUD treatment and recovery services,
- who are not covered by public or commercial health insurance programs,
- for whom coverage has been formally determined to be unaffordable, or
- whose health insurance plan does not sufficiently cover SUD and recovery services.

Your organization is expected to provide treatment and recovery services either directly, through established referral networks, or through formal agreements or arrangements with qualified treatment and recovery service providers.

With this program, SAMHSA seeks to reduce opioid-related overdose deaths, increase the number of individuals receiving SUD treatment and recovery services, ensure that these programs do not exclude individuals receiving medications for SUD (MSUD) from any service and expand access to life-saving pharmacological treatments and recovery supports.

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: $3,400,000

Estimated Number of Awards: Up to 4 awards

Estimated Award Amount: Up to $850,000 per year per award

Length of Project Period: Up to 3 years

Your annual budget cannot be more than $850,000 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 program is to establish and implement comprehensive treatment and recovery centers that deliver a full continuum of evidence-based SUD prevention, treatment and recovery support services to address OUD and the opioid epidemic, substance misuse, and other SUDs and to ensure access to medications for treatment of SUDs. Funded programs are expected to provide access to all Food and Drug Administration (FDA)-approved medications for opioid use disorder (MOUD) and alcohol use disorder (MAUD) directly, through referral, or through contractual arrangements.

The program goals include:

- Ensuring access to all FDA-approved medications for treatment of opioid and alcohol use disorders, including evaluation and stabilization.
- Providing the full continuum of treatment services, including but not limited to counseling, physical and behavioral health services, assistance with housing and employment.

The CORC Program aligns with **SAMHSA Strategic Priorities** to improve access to evidence-based treatment, and help individuals achieve long-term recovery and sobriety. The program also supports Presidential policy priorities as reflected in recent **Executive Orders** that emphasize efforts to promote treatment, recovery, and self-sufficiency and access to evidence-based addiction treatment.

The Centers of Disease Control **National Center for Health Statistics** reported a total of 79,384 drug overdose deaths occurred in the United States in 2024 with an estimated 54,743 of those overdose deaths involving opioids. The majority of opioid deaths that year involved synthetic opioids, such as fentanyl. Although the opioid death rate has declined in recent years across all categories of opioid types, challenges continue for individuals being able to access evidence-based SUD treatment, particularly in rural parts of the country. The 48.4 million people aged 12 or older in 2024 who were classified as needing substance use treatment because they had an SUD in the past year included people who did or did not receive treatment. Among these people aged 12 or older who had an SUD in the past year, 12.3 percent (or 5.9 million people) received substance use treatment in the past year, and 87.7 percent (or 42.4 million people) did not receive substance use treatment in the past year. [1]

The CORC Program works to address the unmet treatment and recovery needs for people with substance use disorders and in particular, opioid use disorder, and increase access to overdose reversal medications and pharmacological interventions for populations that may otherwise not be able to access services due to financial, transportation, or other barriers.

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.

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.

[1] 2024 National Survey on Drug Use and Health (NSDUH) 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 are 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 also provides guidance to enhance the evaluation, quality improvement, and performance measurement of the project. The Project Director is responsible for oversight of the entire project. **The PD has a level of effort of 100% (1 FTE).**
- **Project Evaluator (PE):** The PE will be responsible for overseeing all evaluation activities. This position will ensure high-quality quantitative and qualitative data collection, analysis, and reporting consistent with SAMHSA requirements. **The evaluator's level of effort must be at least 25% level of effort (0.25 FTE).**

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.
- Any changes to Key Personnel require written prior approval from SAMHSA, including:
    - 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 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 directly, through referral, or through contractual arrangements:

NOTE: Award recipients must use SAMHSA's funds to primarily support direct services. This includes providing treatment and recovery services directly, or through referral or contractual arrangements.

Each award recipient shall ensure that intake, evaluations and periodic assessments meet the individualized clinical needs of the persons served, including reviewing the person's placement in treatment settings to support meaningful recovery. Grant recipients must provide a full continuum of services including the following areas and may use a combination of grant funds and other funding to provide this range of services.

1. **Medications for SUD and Overdose Reversal**
    - Ensure that all FDA-approved medications and devices used to treat SUD, including medications for opioid use disorder (MOUD), medications for alcohol use disorder (MAUD), and FDA-approved opioid overdose reversal medications (OORMs) for overdose reversal are provided directly or through linkage to other providers.

2. **Access and Continuity of Care**
    - Serve all individuals, including those receiving medication for substance use disorders.
    - Ensure FDA-approved MOUD and MAUD options are available to support stabilization, treatment readiness, and treatment engagement and retention.
    - Ensure access to FDA-approved OORMs to prevent overdose.

- Provide medications onsite whenever possible and by referrals to local opioid treatment programs (OTPs) or other appropriate services such as prescribing providers. Linkage agreements should be established with these referral resources to ensure continuity of care.
- Provide toxicology testing services as applicable.

3. **Counseling and Co-Occurring Treatment**
   - Provide counseling using licensed or certified behavioral health professionals who are qualified by education, training, or experience to assess the psychological and sociological background of patients, to develop and contribute to the appropriate treatment and recovery plans, and to monitor patient progress.
   - Utilize a minimum of 2 evidence-based practices (EBPs). Some examples are:
     - motivational interviewing,
     - cognitive behavioral therapy,
     - contingency management,
     - dialectical behavioral therapy, or
     - other recognized EBP.[2]
   - Provide appropriate services for individuals with co-occurring substance use and mental health disorders.

4. **Infectious Disease prevention, screening, testing, and treatment**
   - Conduct on-site or by referral screening and testing for infectious diseases associated with illicit 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 must 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.

[2] **Evidence-Based Practices Resource Center** - The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

5. **Access to Different SUD Treatment Modalities**
    - Provide a range of SUD treatment options, including residential rehabilitation, opioid treatment program (OTP), outpatient, and intensive outpatient programs.
        - These various modalities would either be services provided directly by the applicant, or linkage agreements/Memorandums of Understanding (MOUs) would need to be established to ensure comprehensive SUD treatment services are provided to all CORC recipients.
    - Provide medically supervised withdrawal management, that includes patient evaluation, stabilization, and readiness for and entry into treatment.

6. **Recovery Support Services**
    - Provide recovery and peer support services such as sober social activities, childcare, education, job training and placement assistance, and transportation to help individuals remain engaged in treatment and support achievement of their recovery goals.
    - Provide sober/recovery housing consistent with **SAMHSA's Best Practices for Recovery Housing**.
        - Sober/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.
        - You may provide referral to recovery housing if directly provided sober/recovery provided housing is at capacity. Directly provided sober/recovery housing shall prioritize people with opioid use disorder.

7. **Employment Workforce and Education Supports**
    - Provide or arrange for job training, job placement assistance, supported employment, skills development, and job retention services to support self-sufficiency and reintegration into the workforce.
    - Provide or arrange literacy and continuing education services to address educational deficits and support both short and long-term employment planning and preparation.

8. **Ongoing Medical/Health Assessments**
    - Conduct periodic assessments, including toxicology reports for safety, to support sustained recovery and meet data collection requirements.

- Provide onsite or coordinate externally with physical health providers to perform medical evaluations and ongoing physical health care.

9. **Health Information Systems**
   - Maintain a secure, confidential, and interoperable electronic health information system.

10. **Family Support Services**
    - Provide family supports—such as childcare, family counseling, and parenting interventions—to help stabilize families affected by substance use disorder.

11. **Overdose Education and Medication Distribution**
    - Offer education on overdose prevention, risks, warning signs, and available OORMs to clients, families, and the community.
    - Provide OORMs directly, or when not possible, offer referrals to accessible providers or organizations.

12. **Outreach Services**

Each award recipient must conduct outreach to inform the community about its services and develop and implement outreach and referral pathways that engage all demographic groups representative of the community. These services may include:

- Training and supervising outreach staff to work with partners in the community, such as:
  - State and local health departments
  - Health care providers
  - The Indian Health Service
  - School systems, Tribal schools, and colleges
  - Workforce development boards
  - Community action agencies
  - Public safety officials and first responders
  - Indian Tribes
  - Child welfare agencies
  - Other community partners and members of the public, including patients
- Ensure partners are aware of the services the Center offers.
- Share and post evidence-based resources (including online) to educate professionals and the public about OUD and other SUDs, including cases where substance use and mental health disorders occur together.

13. **Sustainability Planning**
    - Develop and implement a sustainability plan to ensure continued delivery of services. The sustainability plan must include:
        - A billing strategy
        - A partnership strategy
        - A workforce retention strategy

Allowable Activities

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

- Implement evidence-based treatment approaches and practices that are relevant for the identified population(s) of focus, in addition to those outlined in "Required Activities" above.
- Integrate use of devices/biologic products which have been licensed under section 262 of this title 42 to treat substance use disorder or reverse overdoses.
- Provide staff training on counseling and peer recovery support services.
- Provide support services for children of program participants.
- Develop and implement tobacco cessation programs, activities, and/or strategies.
- Engage communities, when practicable, during the design phase, by developing programs in consultation with communities benefiting from or impacted by the program and establish connections for referrals.
- Provide training to the behavioral health workforce on evidence-based psychiatric medication management, including safe tapering, deprescribing practices, and the review of polypharmacy. This training should include strategies to support shared decision-making by ensuring patients and their families are fully informed of the risks and benefits of psychiatric medications at initiation, maintenance, and discontinuation. Training must also ensure providers educate individuals about and facilitate access to appropriate evidence-based non-pharmacological interventions, including dietary modification, lifestyle changes, and psychotherapy.

Eligibility

Eligible Applicants

Eligibility is statutorily limited (**per 42 U.S.C. 290ee–7**) to domestic nonprofit organizations that provide substance use disorder treatment and other services for individuals with a substance use disorder.

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

Priority will be given to:

- Entities located in states where the age-adjusted drug overdose mortality rate exceeds the national average of 31.3 deaths per 100,000, as reported by the CDC's National Center for Health Statistics for 2023.[3] For more information on 2023 state age-adjusted drug overdose mortality rates, see **Appendix A**.
- Entities serving an Indian Tribe (as defined in section 5304 of title 25) with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes.

NOTE: Applications from organizations located in states with an active CORC award will not be considered. Currently, those states are Kentucky, Tennessee, and Texas.

Recipients who received Comprehensive Opioid Recovery Centers funding in FY 2023 or FY 2024 under NOFO TI-23-020 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.

[3] **CDC: Drug Overdose Mortality**

You must report data in SAMHSA's Performance Accountability and Reporting System (SPARS) using approved SAMHSA's performance measurement 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.

You must report *client-level* data and administrative data. The client-level data tool collects self-reported survey data from program participants and grantee-reported administrative data about the services provided. Data must be entered in SPARS no later than 30 days after collection and must be collected at the following points:

1. Intake to SAMHSA-funded services.
2. Three-months post-intake (reassessment for active clients).
3. 12 months post-intake and annually thereafter for active clients.

You must collect and report selected program-level indicators on a quarterly basis. The following grantee-level indicators have been selected for this project:

1. Outreach
2. Overdose Prevention
3. Screening, Referral, and Access
4. Outcomes

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

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

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 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 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. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **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.

Recipient Meetings and Technical Assistance

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

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

SAMHSA may also conduct a site visit during the project period to review progress, provide technical assistance, and assess implementation. Recipients are expected to fully participate and make relevant staff and documentation available during the site visit.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense[4] 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-sober/recovery housing, housing application fees, or housing security deposits.
    - Sober/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.
- 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:

[4] 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.

- 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 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:

1. The services provider for substance use disorder treatment services 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.
2. Each substance use disorder treatment organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents (such as licensure or certification) must show that the organization has provided relevant services for the last two years.
3. Each service provider 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 substance use disorder treatment 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** 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-26-013

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. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. 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
☐ 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 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. Identification of at least one experienced, credentialed substance use disorder treatment, provider organization.
2. 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.
3. 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.

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: Statement of Certification

You must provide a written statement certifying that **all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.**

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 17** (Proposed Project Date), enter: a. Start Date: 09/30/2026; b. End Date: 09/29/2029.
  - **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 and
(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 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. At minimum, 2 EBPs are required (see page 8 under "Required Activities")

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 and Evaluator)**. For each, describe their:
    - Role;
      Level of effort (LOE), stated as a percentage of employment (e.g., 100% = 1.0 FTE)
    - 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 required data for this project, which will measure success and progress towards your goals.

2. Describe how you will use the data to manage, monitor, and enhance the program (see **Developing the Plan for Data Collection and Performance Measurement**).

3. Describe how you will provide information and monitor required activities implemented through referrals and contractual arrangements.

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.
- Priority will be given to:
  - Entities located in states with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention.
  - Entities serving an Indian Tribe (as defined in section 5304 of title 25) with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes.
- Recipients who received Comprehensive Opioid Recovery Centers funding in FY 2023 & FY 2024 under NOFO TI-23-020 are not eligible to apply for this funding opportunity.
- Applications from organizations located in states with an active CORC award will not be considered. Currently, those states are Kentucky, Tennessee, and Texas.

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 Wednesday, July 29, 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. An annual progress report is not required for Year 3, but a Final Programmatic Progress Report must be submitted within 120 days after the end of the project period.

The **programmatic progress report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Descriptive information on all programs and activities funded by the grant;
- Progress achieving goals and objectives and implementing evaluation activities;
- Health outcomes of the population of individuals with a SUD who received services through this funding, evaluated by an independent program evaluator through the use of outcome measures, as informed by SAMHSA Government Project Officer;
- The retention rate of program participants;
- 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;
- If applicable, the status of referrals or contractual arrangements that have been made including an assessment of whether such referrals and established contractual arrangements are supporting the ability of the recipient to carry out the expected services; and
- Any other information that SAMHSA may require, to ensure that the recipient is complying with all the requirements of the grant, including providing the full continuum of services described in subsection (g)(1)(B) of the statute.

All updates and progress reports 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**.

Appendix A: Age-Adjusted Drug Overdose Mortality Rates per State

The NOFO determinations are based on 2023, state-level age-adjusted drug overdose mortality rates[5] by the Centers for Disease Control and Prevention, **National Center for Health Statistics** Drug Overdose Mortality data. In 2023 the national age-adjusted drug overdose mortality rate is 31.3.[6]

In 2023, states highlighted in yellow below have age-adjusted drug overdose death rates above the national average.

Age-adjusted Drug Overdose Mortality Rates by State, 2023	
Location	**Death Rate**
Alabama	33.9
Alaska	49.4
Arizona	36.1
Arkansas	17.7
California	27.9
Colorado	30.6
Connecticut	35.2
Delaware	53
District of Columbia	60.7
Florida	31.7
Georgia	23.6
Hawaii	21.4
Idaho	20.5
Illinois	27.3
Indiana	34.2
Iowa	14.9
Kansas	22.8
Kentucky	48

[5] The mortality rate is the number of deaths per 100,000 total population. Mortality rates are age-adjusted to account for differences in age and population size between different populations. Although adjusted for variation in age distribution and population size, differences by state do not account for other state-specific population characteristics that may affect death rates. When the number of deaths is small, differences between states and rankings by state may be unreliable due to instability in rates.

[6] **https://www.cdc.gov/nchs/products/databriefs/db549.htm#:~:text=Data%20from%20the%20National%20Vital,(from%2022.2%20to%2014.3)**.

Louisiana	50.6
Maine	44.9
Maryland	39.3
Massachusetts	33.6
Michigan	28.9
Minnesota	23.6
Mississippi	25.3
Missouri	33.5
Montana	17.1
Nebraska	9
Nevada	38.1
New Hampshire	32.7
New Jersey	28.3
New Mexico	48.9
New York	31.1
North Carolina	33.7
North Dakota	16.4
Ohio	41.6
Oklahoma	32.4
Oregon	40.8
Pennsylvania	37.1
Rhode Island	37.5
South Carolina	41.3
South Dakota	11.2
Tennessee	52.3
Texas	18.5
Utah	21.4
Vermont	42.3
Virginia	28.5
Washington	42.4
West Virginia	81.9
Wisconsin	30.6
Wyoming	23.7
Average	**31.3**