

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: Preventing Drug Overdoses:
Community Prevention and Response

Short Title: PDO

NOFO Number: TI-26-019

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Preventing Drug Overdoses: Community Prevention and Response

Short Title: PDO

Opportunity Number: TI-26-019

Announcement Version: Original

Federal Assistance Listing: 93.490

Eligible Applicants: Domestic public and private nonprofit entities, including faith-based organizations. 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

PDO grants are authorized under [Section 509 of the Public Health Service Act, as amended \(42 U.S.C. 290bb-2\)](#)

Agency Contacts

Program and Eligibility Questions

Center for Substance Abuse Prevention
Division of Targeted Prevention
Shannon Hastings
202-961-8620
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Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1400
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Review Process and Application Status Questions

Office of Financial Resources
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Summary

The purpose of this program is to develop and implement a community-wide prevention program to prevent and reduce drug overdose deaths by expanding access to FDA-approved opioid overdose reversal medications (OORMs). Your organization is expected to collaborate with local and community partners to identify populations and communities of greatest need and strengthen local prevention capacity through education, training, and OORMs distribution.

Your organization is expected to:

- Identify high-need populations using available data and target program activities to the population(s) of focus.
- Build partnerships with healthcare providers, faith-based organizations, school systems, community organizations, and other key community sectors.
- Purchase and distribute OORMs in areas of greatest need.
- Train lay persons and community partners to recognize and respond to overdose, including administration of OORMs.
- Establish referral pathways to treatment and recovery services.
- Use data to monitor progress and make program improvements.

With this program, SAMHSA aims to:

- Increase access to and use of OORMs.
- Strengthen state and community-level prevention and response systems.
- Improve coordination between prevention, emergency response, healthcare, and treatment services.
- Achieve measurable reductions in opioid-related overdose deaths.

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

Funding Details

Funding Type: Grant

Estimated Total Available Funding: \$11,050,000 available for all awards for FY 2026

Estimated Number of Awards: 13

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 this program is to develop and implement a community-wide prevention program of drug overdose deaths by expanding access to FDA-approved OORMs. Key components of the program include:

- Providing overdose prevention education and training to laypersons and community partners,
- Educating medical professionals on the risks associated with overprescribing of opioids and other controlled substances,
- Raising awareness about fake pills,
- Purchasing and distributing OORMs in high-need communities and training individuals on the use of OORMs, and
- Strengthening community partnerships and care coordination.

The PDO program supports coordinated prevention and response efforts in communities with high overdose risk. It aligns with [SAMHSA's Strategic Priorities](#) by focusing on saving lives and improving behavioral health outcomes through evidence-based prevention and response strategies and addressing emerging behavioral health threats.

Despite encouraging declines in overdose deaths in 2024, drug overdose remains a major public health crisis in the United States. Provisional data show more than 72,000 overdose deaths in the 12-months ending September 2025 ([CDC, 2025](#)). Synthetic opioids, including illicitly manufactured fentanyl, continue to drive the epidemic. Evidence shows that expanding community prevention and response efforts, including increasing access to OORMs, saves lives ([CDC, 2024](#)). The PDO program addresses this crisis by strengthening community capacity in areas of greatest need through education, training, and prevention efforts, with a focus on expanding access to and use of OORMs.

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

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

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

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, whether 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 (minimum 25% level of effort (LOE) of a full-time equivalent (FTE) position):** Leads the project and serves as the primary contact with SAMHSA. Ensures the project meets its goals and objectives, reports are submitted on time, and all programmatic, fiscal, and administrative requirements are met. Must be knowledgeable of the project budget, spending patterns, and any unobligated balances.
- **Program Coordinator/Data Lead (minimum 25% LOE of a FTE position):** Manages day-to-day operations of the project, including OORMs procurement and distribution logistics, training coordination, partner communication, and documentation. Oversees performance measurement activities, ensures accurate and timely data collection, supports SPARS/CORT reporting, and leads continuous quality improvement (CQI) efforts.

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

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

Required Activities

Funds for this program are primarily used to support capacity building and prevention services for participants. You must begin implementing required activities within four months of award.

- In the Project Narrative ([B.2](#)), you will provide a description of how all listed required activities will be implemented.

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:

Capacity Building

- Increase staff capacity through training on topics related to substance use and overdose prevention to enhance workforce development and content knowledge.

- Develop and utilize an electronic system to monitor program progress and review data to improve program performance.

Overdose Education and OORMs Distribution

You must use SAMHSA's [Overdose Prevention and Response Toolkit](#) to guide implementation and:

- Purchase and distribute FDA-approved [OORMs](#) to key community partners including lay persons.¹
- Develop reporting protocols for tracking details related to OORM distribution, responses to known or suspected opioid overdoses, and OORM administration.
- Train community partners including lay persons on opioid overdose prevention strategies, which include overdose recognition, response, and OORM administration.
- Train medical providers on risks of overprescribing of opioids and other controlled substances.
- Implement at least one indirect/population-based prevention strategy to raise awareness about fake pills that contain highly potent synthetic opioids and other toxic substances circulating in communities.

Community Partnerships and Care Coordination

- Establish referral and linkage pathways to substance use disorder treatment services and recovery support services.
- Coordinate efforts with state and local agencies.
- Collaborate with healthcare providers, pharmacies, school systems, faith-based organizations, community organizations, and other key sectors to strengthen overdose prevention systems.

Community Prevention Collaborative

Within 12 months of receiving the award, form or join a Community Prevention Collaborative.

- Within 12 months of award, recipients must establish or participate in a Community Prevention Collaborative. The purpose of the Collaborative is to support coordination, information sharing, and implementation of prevention activities. Activities may include program planning, curriculum development, and reviewing program data to inform continuous quality improvement. The Collaborative should include representatives of the population of focus and key community partners.

¹ Community partners include professional first responders, other key community sector members, nontraditional community sector members, and other community members. See Appendix A of the PDO [CSAP On-line Reporting Tool \(CORT\)](#) for definitions.

Allowable Activities

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

- 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 program design and implementation.
 - Develop programs in consultation with communities benefiting from or impacted by the program.
 - Use available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.
- Implement capacity building activities such as a Training-of-Trainers (ToT) model.
- Collaborate with pharmacies and healthcare providers to expand OORMs access.
- Collaborate with faith-based organizations to expand OORMs access.
- Purchase and distribute safe medication storage and disposal supplies.
- Purchase overdose prevention and response supplies consistent with award terms, conditions, and applicable law. Discretionary funds must not support harm reduction activities as outlined in [SAMHSA's Dear Colleague Letter](#).
- Distribute OORMs through outreach, mail, and other distribution points. Federal funds cannot be used to purchase drug paraphernalia, and all activities must align with federal, state, and local laws.
- Pay for the purchase of OORMs kit assembly and distribution, including staff time.

Eligibility

Eligible Applicants

Eligible applicants are domestic public and private nonprofit entities, including:

- States and territories (Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia;
- Political subdivisions of states;
- Indian tribes or tribal organizations (as such terms are defined in [Section 5304 of Title 25](#));
- Health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service; and
- Other public or private nonprofit organizations, including faith-based organizations.

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

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

You can visit [SAMHSA's Performance Measures](#) webpage to view the performance measurement tools. Training and technical assistance on SPARS, data collection instruments, and OMB-approved reporting tools will be provided after award. Recipients must collect and report data on the following indicators:

- Number of trainings conducted by type.
- Number of individuals trained by training and participant type.
- Amount of award funds spent on OORMs product purchases by type.
- Number of OORM kits distributed by community partner type.
- Number of known or suspected overdose events by outcome, location, and community partner type.
- Number of OORM doses administered.
- Number of referrals for OORM-related information and resources.
- Number of referrals to substance use disorder treatment services.
- Number of individuals linked to treatment and/or recovery support services.

You are expected to set annual targets for each of these performance measures and provide quarterly updates toward meeting these targets. Performance data must be submitted in SAMHSA's Performance Accountability and Reporting System (SPARS). Annual targets are due at the end of the first month of each budget period (October 31) and quarterly updates are due within 30 days following the end of the reporting period.

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

A cross-site evaluation, conducted to build an evidence base, may be required for this program. If SAMHSA conducts a program evaluation, details will be shared with you when available,

including the type of evaluation and evaluation questions. You may need to collect additional client-level and program-level data and involve any subrecipients. For more information, see [FAQs](#).

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress toward relevant goals. Recipients are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and if any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

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

SAMHSA Strategic Priorities and Other Expectations

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

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

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

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

4. **Prevention of Substance Use and Addiction:** Prevent substance use and addiction, particularly among youth, recognizing the link between early substance use and long-term health consequences, chronic disease, and mental illness.
5. **Response to Emerging Threats:** Identify and respond to emerging behavioral health threats in the communities served, using timely data to inform tailored, localized solutions.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 CFR Part 200 and the terms and conditions of this award.

As referenced in the [SAMHSA's Dear Colleague letter](#) on MAT, if your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

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

Recipient Meetings and Technical Assistance

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

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

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an unallowable expense.
- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization’s existing capitalization/amortization policies.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
 - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation;
 - Denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic;
 - Illegal immigration; or
 - Any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in [SAMHSA’s Dear Colleague Letter](#) on harm reduction.
- Discretionary awards must not support “housing first” policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with [SAMHSA Strategic Priorities](#). If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions in the Grants.gov [Quick Start Guide for Applicants](#).

eRA Commons

You must register in [eRA Commons](#). Register at least six weeks before the application deadline.

See guidance at [eRA Help and Tutorials](#) and [Section A](#) in the *Application Guide*.

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: TI-26-019

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

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

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

Attachments

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

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment, if applicable	None
<input type="checkbox"/> 2. Data collection instruments and interview protocols	None
<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages
<input type="checkbox"/> 5. Biographical sketches and position descriptions	None
<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

Other required forms

Use each required form in Grants.gov or eRA.

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

Application Contents and Format

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

The following links contain information on:

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

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area that will be reached through the grant activities and the capacity development needed in the geographic area that will be addressed through the grant,
- The population of focus that will benefit from the capacity building,
- If services will also be provided, include a description of the population planned to be served (age range, distribution, clinical characteristics, e.g. diagnoses, service needs, etc.),
- Strategies and interventions to increase capacity that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to [SAMHSA's Strategic Priorities](#)).

In the first five or fewer lines of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

Project Narrative

Page limit: 10 pages

Filename: Project narrative

In developing your Project Narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 10-page limit.

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See [Other Required Forms](#).

It includes added detail and justifies the costs you request. As you develop your budget, consider:

- Whether the costs are reasonable and consistent with your project’s purpose and activities.
- The restrictions on spending funds. See [funding limitations](#).

To create your budget narrative, see detailed instructions and a template in the *Application Guide*.

Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Name the attachments: Attachment 1, Attachment 2, and so on.

Attachment 1: Letter(s) of Commitment (LOC)

Include LOCs from any organization(s) partnering in the project. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project.

Attachment 2: Data Collection Instruments and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol.

If the data collection instrument or interview protocol is not standardized, include a copy in Attachment 2.

Attachment 3: Sample Consent Forms

Include, as appropriate, informed consent forms for the collection of data.

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 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

See [Section E](#) in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

Review information on [Intergovernmental Review](#) and in [Section J](#) in the *Application Guide* for detailed information on E.O. 12372 requirements to determine if this applies.

Attachment 8: Documentation of Nonprofit Status

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

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

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on Grants.gov. You can find them in the NOFO [Application Package](#) or review them and their instructions on [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Assurances for Non-Construction Programs (SF-424B)	With application

Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
 - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization’s **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization’s EIN.
 - In **Line 8f**, enter the name and contact information of the PD identified in the budget and listed in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date), enter: a. Start Date: 9/30/2026; b. End Date: 9/29/2029.
 - 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 [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - Section A – Budget Summary:**
 - As cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.
 - Section B – Budget Categories:**
 - As cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.
 - Section C – Non-Federal Resources:**
 - As cost sharing/match is **not required**, leave this section blank.
 - Section D – Forecasted Cash Needs:**
 - Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.
 - Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:**

Enter the total funds requested for the out years (e.g., Year 2 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:

(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 four sections (Sections A–D) and you must use the section numbers and headings listed in the Evaluation Criteria.

- Include the section letter and number (e.g., A.1, B.2) **before the response to each criterion**. You do not need to type the full criterion in each section.

- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Population of focus and need statement (15 points – approximately 1 page)

1. Identify and describe the geographic catchment area where the project will be implemented and the population(s) that will be impacted by the proposed overdose prevention and response capacity building activities.
2. To the extent possible, describe the population(s) of focus in the catchment area in terms of age, sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare). Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.
3. Describe the need to increase the capacity of your organization to implement, sustain, and improve the proposed project. Include:
 - Data on drug- and/or opioid-related overdose morbidity and mortality in the catchment area, including trends and high-risk populations.
 - Gaps in overdose prevention infrastructure, including OORMs access, overdose education, referral pathways, and workforce capacity.
 - The need to increase the capacity of your organization and/or targeted systems to implement, sustain, and improve overdose prevention and response activities.
 - Service gaps and other barriers contributing to overdose risk.

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 (35 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. Use existing data, evidence, and evaluation results from past or current programs to inform implementation.
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: Organizational experience and staffing (30 points – approximately 2 pages)

1. Describe your organization’s experience with similar projects.
2. Identify any other organization(s) you will partner with. Describe their specific roles and responsibilities for this project. LOCs from each partner organization must be included in [Attachment 1](#). Indicate if you are not partnering with any other organizations.
3. Provide a complete list of all significant staff positions for the project, including the key personnel (**Project Director** (minimum 25% LOE for a FTE position) and **Program Coordinator/Data Lead** (minimum 25% LOE for a FTE position)). For each, describe:
 - Role
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
 - Qualifications, including their experience with similar projects.

D: Data collection and performance measurement (20 points – approximately 2 pages)

1. Describe how you will collect the required data for this project and how such data will be used to manage, monitor, and enhance the program. See [Developing the Plan for Data Collection and Performance Measurement](#).
2. Describe how you will use available data to guide implementation of the program

including OORMs distribution, training, and referral activities. Include how you will review performance data and adjust during the project period.

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use SAM.gov [Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR Part 200](#).

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.
- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with [SAMHSA Strategic Priorities](#). To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA Strategic Priorities will not receive funding.

The program office and approving official make the final determination for funding based on the following:

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

Other principles that may be considered in funding decisions include:

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

Award Notices

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

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

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

Step 5: Submit Your Application

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 **Monday July 27, 2026**.

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

Intergovernmental Review

You will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. See [Section J](#) in the *Application Guide*.

This requirement does not apply to states or American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's [standard terms and conditions](#) on our website.

- The regulations at [2 CFR Part 200](#) – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section H](#) in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in [2 CFR 200.340\(a\)\(4\)](#).

Reporting Requirements

If funded, you will have to follow reporting requirements. The NOA will provide specific details.

Recipients are required to submit an annual Programmatic Progress Report. The progress report is due within 90 days of the end of each budget period. An annual progress report does not need to be submitted in the last year of the project.

The **Programmatic Progress Report** must discuss:

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

You must submit a Final Progress Report 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](#).