Follow the six steps
in the application process:

Substance Abuse and Mental Health Services Administration (SAMHSA)

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

NOFO Name: First Responders-Comprehensive Addiction and Recovery Act

Short Title: FR-CARA

NOFO Number: TI-26-006

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: First Responders-Comprehensive Addiction and Recovery Act

Short Title: FR-CARA

Opportunity Number: TI-26-006

Announcement Version: Original

Federal Assistance Listing: 93.490

Eligible Applicants: Eligibility for this program is **statutorily limited** to states, local governmental entities, and Indian Tribes and Tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act). 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

Section 546 of the Public Health Service Act, (Title 42 USC 290ee-1: First responder training), as amended.

Agency Contacts

Program and Eligibility Questions

Center for Substance Abuse Prevention
Division of Targeted Prevention
202-961-8620
DTP-NOFO@samhsa.hhs.gov

Financial and Budget Questions

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

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Jasmine Magruder
240-276-1200
Jasmine.Magruder@samhsa.hhs.gov

Summary

The purpose of the FR-CARA program is to train first responders and communities in administering and distributing opioid overdose reversal medications (OORM). Your organization is expected to provide overdose prevention training and education, engage with communities and partners, and implement activities aligned with **evidence-based practices**. Additionally, recipients must establish processes for post-overdose support and referrals to support services.

With this program, SAMHSA aims to mitigate the overdose crisis nationwide by providing resources to prevent both overdoses and overdose deaths, specifically targeting rural communities that are significantly affected by substance use and overdose. This program is designed to advance SAMHSA's Strategic Priorities and the Make America Healthy Again agenda.

Funding Details

Funding Type: Grant

Estimated Total Available Funding: $34,700,000 available for all awards for FY 2026 ($15,400,000 for rural communities and $20,200,000 for non-rural communities)

Estimated Number of Awards: 44-118 (At least 5 awards will be made to tribes and tribal organizations pending sufficient application volume and application scores)

Estimated Award Amount: Up to $300,000–$800,000 per year

Length of Project Period: Up to 4 Years

Your annual budget cannot be more than $300,000–$800,000 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 FR-CARA program is to train first responders and communities in administering and distributing FDA-approved opioid overdose reversal medications (OORM).

The FR-CARA program is a vital and life-saving element in the nation's response to the opioid crisis by increasing the workforce capacity for first responders. This field is currently experiencing staff shortages, heightened stress, traumatic exposures, and high rates of turnover and burnout. Recipients will also establish processes for post-overdose support and referral to support services. For the purposes of this NOFO, first responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, mobile crisis providers, and other organizations that respond to overdose-related incidents.

The FR-CARA program aligns with **SAMHSA Strategic Priorities, Make America Healthy Again,** and the Administration's **Great American Recovery Initiative** by expanding access to opioid overdose reversal medications, strengthening first responder capacity, and supporting targeted, community-based prevention and post-overdose response efforts for individuals at highest risk of overdose.

Rural areas and tribal communities are affected by the overdose crisis (CDC, 2024). Rural residents and tribal communities often have limited access to prevention, treatment, and recovery support services that can prevent or reduce the consequences of substance use, placing them at higher risk of overdose.

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 or not their salaries are paid by this grant, must play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program is as follows:

- **Project Director (minimum 25% level of effort (LOE)):** 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.
- **Project Coordinator (minimum 50% LOE):** Responsible for the day-to-day implementation of the project. This includes coordinating activities, supporting training and service delivery, staying in regular contact with community anchors and partner organizations, and helping collect and report required data. Works closely with the Project Director to make sure activities are carried out as planned and follow grant requirements.

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

- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.

- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
    - Replacing or removing Key Personnel, or
    - Reducing any Key Personnel's level of effort by 25% or more

Required Activities

Funds for this program are primarily for providing prevention services to individuals. These services must begin 4 months after receiving the award.

In the Project Narrative, you will provide the following:

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

Nothing in the required or allowable activities described below allows grant recipients to use grant funds for prohibited activities described in the **Funding Restrictions and Limitations** section of this NOFO.

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

Training and Education

Train first responders, community anchors,[1] and key community sectors[2] on:

- Administering FDA-approved OORM.
- Safety measures regarding emerging drug trends associated with overdoses, including illicitly made fentanyl and other synthetic opioids, stimulants, xylazine, and other emerging misused licit and illicit drugs.
- Good Samaritan laws.
- Overdose awareness, education, and overdose prevention strategies.
- Referral and linkage to treatment and recovery support services post overdose.

[1] Community anchors are local businesses and organizations such as faith-based organizations that may not be viewed as part of the traditional prevention or behavioral health system. They have a unique and underutilized prevention opportunity to directly influence culture and norms in their neighborhoods. Examples include faith-based organizations, barbershops, childcare and child development centers, crisis centers, clubs, community centers, convenience stores, domestic violence organizations, homeless shelters, legal aid, libraries, motels, nail/hair salons, restaurants, and youth-serving organizations.

[2] The term "other key community sectors" includes substance use disorder treatment providers; emergency medical services agencies; agencies and organizations working with prison and jail populations and reentry programs; healthcare providers; community-based programs focused on overdose prevention; pharmacies; community health centers; tribal health facilities; and mental health providers.

- Recipients are encouraged to leverage existing community-based workforce and volunteer networks (e.g., Medical Reserve Corps (MRC) units, where available) to expand the reach and sustainability of training efforts.

Community Engagement and Partnerships

You must actively engage communities throughout project planning and implementation. To meet this requirement, recipients must:

- Establish partnerships with at least two community anchors such as nonprofits, faith-based groups, local nontraditional prevention businesses, and other community-based organizations (e.g., Medical Reserve Corps units, where available) to extend the program's reach through peer-to-peer education, screening, and training. You must submit Letters of Commitment (LOC) from ***at least two community anchors*** in **Attachment 9**.
- Form or participate in a community engagement workgroup that represents the population of focus and provides ongoing guidance throughout the project. This may include representation from community anchors, public health agencies, and other partners such as MRC units, where available.
- Within the first six months, conduct and submit the results from resource mapping activities that identify community assets, needs, and gaps, including identification of local public health, emergency response, and volunteer-based resources. Post-award guidance will be provided.
- Engage communities, when possible, during program design and implementation, and use available data, evidence, and past evaluation findings to inform planning and outreach.

Program Implementation and Support

- Establish processes, protocols, and mechanisms for warm hand-off referrals to treatment, recovery, and other support services that can prevent and reduce the consequences of substance use.
- Establish organizational policies and procedures aligned with evidence-based practices.
- Collect and submit data according to the data collection requirements**.**

Allowable Activities

Allowable activities are **not** required but highly encouraged. Your organization may propose to use funds for the following activities. **These activities may only be included in the proposed grant program after the grant recipient has budgeted for all of the required activities above.**

Overdose Prevention

- Facilitate short-term field initiation of low-threshold medication (such as buprenorphine), not to exceed 14 days. This activity is to reduce the risk of withdrawal symptoms and overdose death per applicable local, state, and federal regulations. To ensure continuity of care beyond this activity, applicants must include:
    - LOC and a Statement of Certification in **Attachment 1**.
    - A description of your training and field initiation protocol in **Section B.2** of the Project Narrative.
- Purchase and distribute FDA-approved OORM(s), and overdose-related first-aid items. Federal funds cannot be used to purchase drug paraphernalia, and all activities must align with federal, state, and local laws. Discretionary awards must not support harm reduction as outlined in **SAMHSA's Dear Colleague Letter** on harm reduction.
- Promote prevention and community engagement, particularly in schools and organizations that focus on populations with higher prevalence of substance use and overdose.
- Offer peer support and case management for individuals who are at risk or have previously experienced an overdose.

Capacity Building and Program Development

- Hire additional staff to implement the required activities and to submit the data collection requirements.
- Conduct capacity-building activities, such as implementing a Training of Trainer (ToT) model.
- Conduct prevention and behavioral health system strengthening activities.

Training and Education

- 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.

Note: Capitalizable infrastructure, such as computer systems/software, are recoverable as depreciation through an approved negotiated indirect cost rate or 15% de minimis rate in accordance with your organization's existing capitalization/amortization policies.

Eligibility

Eligible Applicants

Eligibility for this program is statutorily limited (Section 546 of the Public Health Service Act [42 USC 290ee-1], as amended) to states, local governmental entities, and Indian Tribes and Tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act).

New and currently funded organizations may submit more than one application; however, each application must focus on a different population of focus or a different geographic/catchment area(s). If a currently funded organization submits an application with the same population of focus and geographical catchment area(s) as its active award, the application will be screened out and not considered for funding. If a new organization submits two applications with the same population of focus and geographical catchment area(s), the second application will be screened out and not considered for funding. No more than two awards will be allowed per organization.

At least $15.4 million in awards will be made to rural organizations, pending adequate application volume. At least 5 awards will be made to tribes/tribal organizations, pending adequate application volume and application scores. 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 document your plan for data collection and reporting in **Section E** 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 and reporting will be provided after award. For reporting purposes, "naloxone" refers to naloxone or other FDA-approved OORMs (e.g., nalmefene) or device. Recipients must report on the following measures:

1. Number of naloxone kits purchased.

2. Number of naloxone kits distributed to first responders and other key community sector members, and number of nontraditional community sector members and other community members equipped with naloxone kits following an opioid-related overdose event.
3. Number of first responders and other key community sector members trained on (a) naloxone administration; (b) safety around fentanyl, carfentanil, and other dangerous and illicit drugs; and (c) establishing policies and procedures for the implementation of evidence-based practices.
4. Number of known or suspected opioid overdose events where naloxone was administered by first responders and other key community sector members by outcome (e.g., opioid overdose reversal, death, not an opioid overdose, unknown).
5. Number of naloxone doses administered by first responders and other key community sector members.
6. Number of individuals and families who experienced an opioid overdose and:
    - received information about treatment services,
    - received information about recovery support services, and
    - were linked to services.
7. Number of responses to service requests by grantee or other entities, including individuals or organizations collaborating with the grantee on grant-related activities (e.g., subgrantees/subrecipients, contractors/subcontractors, other partners).

You are expected to set annual targets for each of these performance measures and provide updates quarterly. This data must be submitted in SAMHSA's Performance Accountability and Reporting System (SPARS) within 30 days following the end of each reporting period.

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

You will also be required to conduct a local evaluation, including developing an evaluation plan and submitting annual evaluation reports. An additional cross-site evaluation may be required to build the evidence base for this program. If a cross-site evaluation is required, recipients are required to participate fully in all aspects of the evaluation. This may include collection of additional client-level data and participation of subrecipients. Details on the evaluation, including type of evaluation and research questions, will be provided upon award if such an evaluation will be required.

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

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

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.
2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal

controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.

3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

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

4. **Prevention of Substance Use and Addiction:** Prevent substance misuse and addiction, particularly among youth, recognizing the link between early substance use and long-term health consequences, chronic disease, and mental illness.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **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 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 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.

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 technical assistance activities as directed by SAMHSA.

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

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense [3] in conjunction with overdose prevention 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

[3] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

minimis rate in accordance with your organization's existing capitalization/amortization policies.

- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
  - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
  - Denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic.
  - Illegal immigration; or
  - Any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction.
- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

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

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with SAMHSA's Strategic Priorities. 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 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-26-006.

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	None
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Letters of Commitment (LOC) from Community Anchors (CA)	None
☐ 10. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 11. Statement of Certification	None
☐ 12. Form SMA 170: Charitable Choice Form	None

Other required forms

Use each required form in Grants.gov or eRA.

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

Application Contents and Format

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

The following links contain information on:

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

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area served,
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project,
- The age range and distribution of the population planned to be served,
- the clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served,
- Strategies and interventions that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to **SAMHSA's Strategic Priorities**).

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

Project Narrative

Page limit: 10 pages

Filename: Project narrative

In developing your Project Narrative:

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

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See **Other Required Forms.**

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

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See **funding limitations**.

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

Attachments

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

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

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

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

Attachment 1: Letters of Commitment (LOC) from Service Provider Organizations

Organizations included in this attachment will deliver program services or have a formal role in project implementation.

- **Provide a list of all organizations that will partner in the project.** The list must clearly state the name, type of organization, and a brief description of responsibilities. For example, Organization A is a fire department and will perform XYZ activities as a service provider organization. ***The list must include, at minimum: identification of at least one first responder organization and one community-based organization (CBO)[4].*** This requirement may be fulfilled by the applicant, or another organization committed to the project. More than one first responder and CBO may be involved. ***Do not include community anchors; community anchors should be included in Attachment 9.***

- **Include LOCs from all partner organizations** included in Attachment 1's list. **Do not include any letters of support. Reviewers will not consider them.** A letter of support

[4] For the purposes of this NOFO, a community-based organization (CBO) is an organization that provides services to the population of focus, such as prevention, outreach, care coordination, peer support, or other activities associated with the project.

describes general support for the project, while an LOC outlines the specific contributions an organization will make to the project. If there are no direct service provider organizations in the proposed project, the applicant must provide sufficient documentation of their capacity to meet the program requirements in the application. ***Do not include community anchors; community anchors should be included in Attachment 9.***

- **Statement of Certification.** Provide a written statement certifying that all partnering organizations included in Attachment 1 have at least two years of experience (as of the due date of the application) providing relevant services and meet applicable licensing, accreditation, and certification requirements. ***Do not include community anchors; community anchors should be included in Attachment 9.***

- **Requirement for applicants proposing to facilitate field-initiated low-threshold medication.** In Attachment 1, include all direct service provider organizations (including first responders) who will be providing and/or administering low-threshold medication. Applicants must also provide a written statement certifying awareness and compliance with all applicable local, state, and federal laws and regulations governing the distribution and/or provision of buprenorphine and any similar medication intended to reduce the risk of withdrawal symptoms and overdose death. If this activity will be fulfilled by the recipient organization, submit a statement to note that the medication will be provided and/or administered internally.

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 4 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in **Required Activities**.

Attachment 5: Biographical Sketches and Position Descriptions

See **biographical sketches and position descriptions** for more information. Position descriptions should be no longer than one page each and biographical sketches should be no more than two pages.

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

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

Attachment 7: Letter to the State Point of Contact

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

Attachment 8: Documentation of Nonprofit Status

Not applicable for this NOFO.

Attachment 9: Letters of Commitment (LOC) from Community Anchors (CA)

Organizations in this attachment are nontraditional prevention partners that will help reach or engage the population of focus but are not a primary service provider. See the footnote in ***Required Activities*** *for the definition and examples of community anchors.*

- **Provide a list of all community anchor organizations that will partner in the project (at least 2).** The list must clearly state the name, type of organization, and a brief description of responsibilities. For example, Organization A is a barber shop and will perform XYZ activities as a community anchor. ***Do not include partner organizations; partner organizations should be included in Attachment 1.***
- **Include LOCs from all community anchors included in Attachment 9's list (at least 2)**. 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 to the project. ***Do not include partner organizations; they should be listed in Attachment 1.***

Attachment 10: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Attachment 11: Statement of Certification

If applicable, provide a written statement certifying that the project's catchment area is rural. A rural area includes a nonmetropolitan statistical area, an area designated as rural under state law or regulation, or a rural census tract within a metropolitan statistical area (also known as a Rural Urban Commuting Area (RUCA)).

Attachment 12: 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: 09/29/2030.
  - **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

It is recommended you review the sample of a **completed SF-424**.

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

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

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

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

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

  Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:
  - Enter the total funds requested for the out years (e.g., Year 2, Year 3, and Year 4). For example, if funds are being requested for four years total, enter the requested budget amount for each budget period in columns b, c, and d (i.e., three out years):

    (b) First column is the budget for the second budget period;

    (c) Second column is the budget for the third budget period;

    (d) Third column is the budget for the fourth budget period;

    Use Line 16 for federal funds and Line 17 for non-federal funds.

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

It is highly recommended you use the Budget Template on the SAMHSA website. See the Budget Template Users Guide 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 (first responders and community members) and the geographic catchment area where you will deliver services.
2. Describe the catchment area where services will be delivered 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. Please indicate in the provided table the number of unduplicated individuals (first responders and community members) you plan to serve each year and in total after 4 years.

Year 1	Year 2	Year 3	Year 4	Total

2. Describe how you will implement all the **required activities** (including your community anchor approach).
3. Describe how you will implement selected allowable activities.
    a. **If your organization is proposing to implement the allowable activity of facilitating field-initiated low-threshold medication, you must:** outline your training and field initiation protocol to include best practices training on administering field-initiated low-threshold medications; peer support, case management, and navigation services; and warm hand-off referral procedures to support services, such as treatment, recovery, and other support and services that can prevent and reduce substance misuse-related harms. **This is not required for applicants not proposing to implement this allowable activity.**
4. Describe how your proposed program could be broadly replicated or scaled in other communities if demonstrated to be effective, including any key components, partnerships, or resources that support replication.
5. Describe how you will coordinate with law enforcement, State substance use and mental health agencies to identify and implement protocols and resources available to individuals who have experienced an overdose and their families, including referral to treatment and recovery support services.

6. Describe how your proposed implementation approach will address **SAMHSA Strategic Priorities**.
7. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 4 years of the program. It must include dates, key activities 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 practices (EBP), and/or evidence-informed practices (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 (first responders and community members).

2. Describe any modification(s) planned for the EBP(s) and/or EIP(s) and the reasons the modification(s) are necessary. If no modifications are proposed, indicate so in the application.

3. Describe how your organization 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 first responders and community members.

2. Identify any organization(s) you will partner with (including but not limited to community anchors, governmental agencies, law enforcement agencies, and advisory committee members). 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. Clearly describe how you will coordinate with these partners to implement the program. **[NOTE: LOCs from each partnering service organization must be included in Attachment 1 and LOCs from each community anchor must be included in Attachment 9.]**

3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director and Project Coordinator**)**. For each, describe their:
    - Role;
    - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)

- Qualifications, including their experience providing services to the first responders and community members.

E: Data collection and performance measurement (20 points – approximately 1 page)

1. Describe how you will collect the performance measures and measurable objectives data for this project, including the evidence-based methodology and outcome measures you will use to evaluate the program. Clearly explain how these measures will provide valid and reliable assessments of the impact of the program.
2. Describe how you will use the data to manage, monitor, and enhance the program and inform continuous quality improvement (see **Developing the Plan for Data Collection and Performance Measurement**).

Risk Review

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

We use SAM.gov **Responsibility/Qualification** to check this history for all awards likely to be over $250,000.

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

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

For more details, see **2 CFR Part 200**.

Review and Selection Process

When making funding decisions, we consider:

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

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

- When the individual award is over $250,000, approval by 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.
- New and currently funded organizations may submit more than one application; however, each application must focus on a different population of focus or a different geographic/catchment area(s). **If a currently funded organization submits an application with the same population of focus and geographical catchment area(s) as its active award, the application will be screened out and not considered for funding. If a new organization submits two separate applications with the same population of focus and geographical catchment area(s), the second application will be screened out and not considered for funding. No more than two awards will be allowed per organization.**
- At least $15.4 million in awards will be given to rural organizations, pending sufficient application volume.
- At least 5 awards will be made to tribes/tribal organizations, pending sufficient application volume and application scores.

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 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

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 and selected allowable activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges; and
- Problems encountered serving the populations of focus and efforts to overcome them.

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

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