Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Building Communities of Recovery

(Short Title: BCOR)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-003

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by April 29, 2024.**
FY 2024 NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I of the Application Guide.*
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes**: 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A*** ***of the Application Guide*** (Application and Submission Requirements) to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for the fiscal year (FY) 2024 Building Communities of Recovery program (Short Title: BCOR). The purpose of this program is to mobilize and connect a broad array of community-based resources to increase the availability and quality of long-term recovery support for persons with substance use disorders (SUD) and co-occurring substance use and mental disorders (COD). Recipients will be expected to support the development, enhancement, expansion, and delivery of recovery support services (RSS) directly to individuals as well as advance the promotion of, and education about, recovery at a community level. It is expected that project activities will be administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served. With this program, SAMHSA aims to prevent substance use and overdose, strengthen the behavioral health workforce, and integrate behavioral and physical healthcare while improving long-term recovery for persons with SUD and COD through individualized recovery support and recovery-focused community efforts.

Funding Opportunity Title:	Building Communities of Recovery (Short Title: BCOR)
Funding Opportunity Number:	TI-24-003
Due Date for Applications:	April 29, 2024
Estimated Total Available Funding:	Up to $6,000,000
Estimated Number of Awards:	Up to 20 awards
Estimated Award Amount:	Up to $300,000 per award per year
Cost Sharing/Match Required:	Yes, see Section III-2 for cost sharing/match requirements.
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 3 years

Eligible Applicants:	Recovery Community Organizations (RCOs), defined as independent, non-profit organizations wholly or principally governed by people in recovery from SUD and/or COD who reflect the community being served. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 547 of the Public Health Service Act, (42 U.S.C. § 290ee-2)

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to mobilize and connect a broad array of community-based resources to increase the availability and quality of long-term recovery support for persons with substance use disorders (SUD) and co-occurring substance use and mental disorders (COD). Recipients will be expected to support the development, enhancement, expansion, and delivery of recovery support services (RSS) directly to individuals as well as advance the promotion of, and education about, recovery at a community level. It is also expected these activities will be administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.

According to the National Survey on Drug Use and Health (NSDUH), rates of substance use differ by race and ethnicity, with people of color often reporting higher rates of use than White individuals.

- 16.5% (46.3M) of people aged 12 or older in the United States in 2021 reported a SUD, inclusive of alcohol and/or drug use disorder. Rates of SUD were higher among minority populations than among White populations, with 27.6% of American Indians and Alaska Natives (AI/AN) 20.7% of Native Hawaiian or Other Pacific Islanders, and 17.2% of Black or African Americans reporting an SUD compared with 17% of the White population. Lesbian, Gay, or Bisexual adults also had high rates of SUD (32.3%).
- Underage (ages 12-20) alcohol consumption rates and opioid use rates among minors (ages 12-17) remained unchanged between 2021 and 2022 at 15.1% and 1%, respectively.

SAMHSA recognizes the essential role of recovery support for persons with SUD and COD to maintain their overall health and wellness. In addition, SAMHSA recognizes that the process of recovery is highly personal and occurs via many pathways. It may include abstinence, the use of FDA-approved medications (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations; naltrexone products, including extended-release and oral formulations; disulfiram; and acamprosate calcium), faith-based approaches, peer support, family support, self-care, and other approaches.

SAMHSA aims to improve long-term recovery for persons with SUD and COD through individualized recovery support and recovery-focused community efforts. Recovery-focused communities can be achieved by building connections between recovery networks and recovery community organizations, and with other RSS and social services providers, on issues relating to SUD, COD, and recovery.

An additional 10 points will be awarded in the peer review process to applicants in states and territories that **have not** previously received BCOR funding. See table on

page 18 of this NOFO for a list of States and Territories that have NOT previously received BCOR funding.

SAMHSA's grant recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

The BCOR program is authorized under Section 547 of the Public Health Service Act, (42 U.S.C. § 290ee-2).

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, whether or not they receive a salary from the project. Key personnel must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the geographic catchment area. It is expected that programs will be administered and implemented by key staff and individuals with lived experience in SUD and COD recovery who reflect the needs and population of the community(ies) to be served.

Key personnel for this program are the Project Director and the Project Coordinator. The combined level of effort (LOE) for both positions must, at a minimum, equal 100 percent.

- The Project Director is responsible for oversight of the project and staff.
- The Project Coordinator is involved in the day-to-day operations of the project.

If you receive an award, you will be notified if the individuals designated for these positions have been approved. If you need to replace Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services by the fourth month of the award. You are expected to enroll the unduplicated number of individuals proposed in the Project Narrative (B.1). If you are unable to achieve the numbers proposed, a reduction in funding may be considered.

You must provide a description in B.2 of the Project Narrative of how you plan to implement all the required activities listed below.

Recipients are required to carry out each of these activities.

- Provide Peer Recovery Support Services (PRSS) designed and delivered by individuals with lived experienced with SUD, COD, and recovery, such as peer

mentors, recovery coaches, or recovery support specialists from diverse backgrounds.

- Provide supervision, training, and mentorship to individuals providing PRSS and engage in outreach to diverse populations to recruit both peer specialists and peer supervisors. Peer workforce training and supervision should be based upon existing practices used by state and territorial certification entities.
    - Peer specialists conducting outreach should use culturally appropriate and relevant strategies in historically underserved communities.
    - Recipients are encouraged to review SAMHSA's National Model Standards for Peer Support Certification as a resource.

- Provide culturally appropriate, trauma-informed, and evidence-based RSS that directly assist individuals and families to recover from SUD and COD. RSS must incorporate a full range of services, such as case management, connection to counseling, and community supports that focus on long-term, sustainable recovery.

- Establish partnerships between diverse recovery networks, recovery community organizations, and other recovery community partners. These may include:
    - Substance use and/or mental disorder treatment programs and systems;
    - Primary care providers and physicians;
    - The criminal justice system;
    - Faith-based initiatives and organizations emphasizing recovery;
    - Prospective employers;
    - Child welfare agencies;
    - Other RSS that facilitate recovery-oriented systems of care; and
    - Housing providers, including public housing agencies.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities but must ensure that they can provide all of the required activities:

- Provide harm reduction services or collaborate with community-based harm reduction program efforts. (See SAMHSA's Harm Reduction Framework).

- Provide recovery housing. (See SAMHSA's Best Practices for Recovery Housing).
    - Recovery housing is one component of the SUD and COD treatment and recovery continuum of care and should promote the four major dimensions that support a life in recovery: Health, Home, Purpose, and Community.
    - Recovery houses are safe, healthy, family-like, substance-free living environments that support individuals in recovery from SUD and COD. While recovery residences vary widely in structure, all are centered on

peer support and a connection to services that promote long-term recovery.
    - Substance-free housing does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions.
    - Recipients must describe the mechanism(s) or standards in place to ensure that a recovery housing facility that receives these funds supports and provides individuals access to evidence-based treatment, including all forms of medication for opioid use disorders, in a safe and appropriate setting.
    - Recipients must also describe how recovery housing supported under this award are certified, credentialed, or aligned with national standards.

- Assess for and respond to the needs of individuals and families served by the program who are at risk for or experiencing homelessness.
    - This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless Coordinated Entry systems.

- Implement activities designed to reduce discrimination and stigma for individuals with SUD and COD and in recovery.

- Conduct public education, workforce development for training peer recovery coaches, and community outreach on issues relating to SUD, COD, and recovery, including:
    - Resources that are available to help support individuals in recovery and their families who have been impacted by SUD, COD, including programs that mentor and provide support services to children;
    - Information on the possible medical complications related to those with SUD and COD, for example, fetal alcohol spectrum disorders or neonatal abstinence syndrome among infants exposed to alcohol or opioids during pregnancy, and risks of infection with human immunodeficiency virus (HIV) and viral hepatitis;
    - Promotion of other activities that strengthen the network of community support for individuals in recovery; and
    - Tools to address the cultural and linguistic needs of diverse populations as outlined in the Behavioral Health Guide for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Health and Health Care and Social Determinants of Health.

- Collaborate with and/or make use of Health and Human Services (HHS)-funded Training and Technical Assistance (TTA) programs to carry out efforts in

the following areas: HIV, STI, and hepatitis elimination, behavioral health integration, harm reduction, recovery support, trauma-informed approaches, and advancing behavioral health equity.
    - These HHS-funded TTA program collaborations can include the Opioid Response Network (ORN), Rural Opioid Technical Assistance Centers-Regional (ROTA-R), Peer Recovery Center of Excellence (COE), other TTC) networks, Provider Clinical Support System (PCSS)-Medications for Opioid Use Disorders (MOUD), special population focused COEs (e.g., African American, LGBTQI+, Asian American, Native Hawaiian, Pacific Islander, Hispanic/Latino, and older adults), and/or the Health Resources and Services Administration's (HRSA) Telehealth Resource Technical Assistance Program. (See Practitioner Training for a comprehensive list.)

- Conduct a community needs assessment to understand the cultural and linguistic needs of the community being served.

- Develop and implement program-wide tobacco cessation programs, activities, and/or strategies.

- Educate, screen, and provide care coordination, risk reduction interventions, testing and counseling for HIV/AIDS, hepatitis, and other infectious diseases for individuals with SUD and COD.

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An ***evidence-based practice*** (EBP) is a practice that has been documented with research data to show its effectiveness. A ***culturally adapted practice*** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. ***Community-defined evidence practices*** (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Both researchers and practitioners recognize that EBPs, culturally adapted practices, and CDEPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices, CDEPs, and/or culturally promising practices that are appropriate, you may implement these interventions.

In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the Fidelity Monitoring Checklist. In situations where an EBP is appropriate but requires additional culturally-informed practices, discuss this in C.1.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

You must collect and report data for SAMHSA to 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 the Project Narrative.

Recipients are required to report performance on the following measures:

- Substance Use
- Living Condition
- Legal
- Employment/Education
- Mental and Physical Health Problems

You must collect and report data in SAMHSA's Performance Accountability and Reporting System (SPARS) using the GPRA Client Outcome Measures for Discretionary Programs, a uniform data collection tool to be provided by SAMHSA. This tool collects data on program participants and the services provided during the program. Data will be collected at three points: intake to SAMHSA-funded services, six months post-intake, and discharge from the SAMHSA funded services. Recipients are required to submit data via SPARS within seven days of data collection, or as specified after

award. Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you submit allows SAMHSA to report on key outcome measures such as abstinence, employment, education, and stability in housing. Performance measures are also used to show how programs are reducing disparities in behavioral health access, increasing client retention, expanding service use, and improving outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Project Performance Assessment

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements.)

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the *Application Guide, Section D – Developing Goals and Measurable Objectives and Section E – Developing the Plan for Data Collection and Performance Measurement.*

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.[1]These are part of SAMHSA's core principles, as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders

[1] "Behavioral health" means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally-based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. SAMHSA defines a trauma-informed approach through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, and Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[2]

It is critical for recipients to promote the linkage to recovery and resilience for individuals and families affected by trauma.

[2] https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual

orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health Disparity Impact Statement (DIS) no later than 60 days after award. *See Section G of the Application Guide*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advancing equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the Application Guide *Section J - Administrative and National Policy Requirements*)

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (such as Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (such as Medicare, Medicaid, private insurance, etc.) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services).

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs. Where appropriate, consider prioritizing this population for services.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals and the behavioral health disparities that the LGBTQI+ population faces, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the 988 Suicide & Crisis Lifeline, the SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

8. RECIPIENT MEETINGS

SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting in the Washington, D.C. metropolitan area, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	Up to $6,000,000
Estimated Number of Awards:	Up to 20 awards.
Estimated Award Amount:	Up to $300,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 3 years
Anticipated Start Date:	September 30, 2024

Your annual budget cannot be more than $300,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are Recovery Community Organizations (RCOs), defined as independent, non-profit organizations wholly or principally governed by people in recovery from SUD and/or COD who reflect the community being served.

All non-profit entities must submit documentation of their non-profit status in **Attachment 8**.

In **Attachment 9**, the applicant organization must document its eligibility as an RCO by providing a letter from the Board of Directors certifying that it has met the criteria of a RCO for a minimum of two years.

Recipients that received their initial funding in FY 2022 or FY 2023 under the BCOR NOFO (TI-22-014) are not eligible to apply.

To achieve geographic diversity, ten (10) points will be given to applicants in states and territories that **have not** previously received BCOR funding **with** proposed projects that address the needs of underserved communities **and/or** rural populations greatly impacted by SUD and COD. Underserved communities are defined in Section 2 of Executive Order 13985.

Applicants proposing to serve rural populations must be able to identify a catchment area defined as a nonmetropolitan statistical area; an area designated as a rural area by any law or regulation of a state; or a rural census tract of a metropolitan statistical area (Rural Urban Commuting Areas [RUCAs]) https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx.

The states and territories listed below have NOT previously received BCOR funding. To increase geographic diversity, RCOs in these states/territories are eligible for an additional ten (10) points:

Alabama	Idaho	Puerto Rico
American Samoa	Iowa	Republic of Marshall Islands
Alaska	Louisiana	Republic of Palau
Commonwealth of Northern Mariana Islands	Maryland	Rhode Island
Delaware	Minnesota	U.S. Virgin Islands
Federated States of Micronesia	Mississippi	Wyoming
Guam	New Mexico	
Hawaii	North Dakota	

For general information on eligibility for federal awards, see https://www.grants.gov/learn-grants/grant-eligibility.

2. COST SHARING AND MATCHING REQUIREMENTS

This program requires cost-sharing/match under Section 547(c) of the Public Health Service Act, as amended. You must provide matching funds (directly or through donations from public or private entities) from non-federal contributions that are not less

than $15 for each $85 of federal funds provided in the award. Use matching funds toward the costs of project activities to reduce mental health and substance use disorders.

Non-federal contributions may be in cash or in-kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of the non-federal contributions. Applicants must itemize the match separately in the budget and explain the match separately in the budget justification.

For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing, or matching, when such contributions meet all criteria listed in 45 CFR § 75.306.

For awards that require matching by statute, recipients will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period, or by project period for fully funded awards, even if the projected commitment exceeds the amount required by the statutory match. **A recipient's failure to provide the statutorily required matching amount each budget period may result in the disallowance of federal funds. Recipients must report these funds in the Federal Financial Reports.**

3. OTHER REQUIREMENTS

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies. In **Attachment 1**, applicants must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

1. A provider organization for direct client substance use treatment, substance use prevention, mental health, recovery support, or behavioral health, which includes both mental health and substance use services appropriate to the award must be involved in the project. The provider may be the applicant, or another organization committed to the project as demonstrated by a Letter of Commitment (LOC). More than one provider organization may be involved.

2. Each mental health/substance use disorder prevention, treatment, recovery support provider organization (which may include the applicant and any partners)

must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.

3. Each mental health/substance use disorder prevention, treatment, or recovery support provider organization must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health/substance use disorder prevention, treatment, recovery support providers must be in compliance with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following the review of your application, if the score is in the fundable range, the Government Project Office (GPO) may request that you submit additional documentation or verify that the documentation submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in *Section A - 2.2 of the Application Guide (Required Application Components).* All files uploaded must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration, the waiver of this requirement must be approved in

advance. See *Section A - 3.2 of the Application Guide (Waiver of Electronic Submission)*.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2027.
  - **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 official and should not be the same individual as the Project Director in Line 8f.

    It is recommended new applicants 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: If 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. If cost sharing/match **is required,** use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  - **Section B –** Budget Categories: If 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. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

  - **Section C –** If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.

  - **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 budget period in columns b and c (i.e., 2 out years) — (b) First column is the budget for the second budget period;

(c) Second column is the budget for the third budget period; Use Line 16 for federal funds and Line 17 for non-federal funds.

See *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- Sample SF-424A (Match Required)

  It is highly recommended you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V.1 – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**
  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). (*See Section A – 2.2 of the Application Guide - Required Application Components*.)

- **ATTACHMENTS 1 THROUGH 10**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the attachments, use the:
  - Other Attachment Form if applying with Grants.gov Workspace.
  - Other Narrative Attachments if applying with eRA ASSIST.

- ***Attachment 1: Letters of Commitment***
  1. Identification of at least one experienced, mental health treatment, substance use prevention, substance use disorder treatment, or recovery support provider organization.
  2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
  3. Letters of Commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.)

4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***
  Include, as appropriate, informed consent forms for:
  - service intervention;
  - exchange of information, such as for releasing or requesting confidential information

- ***Attachment 4: Project Timeline***
  Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide – Biographical Sketches and Position Descriptions* for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6 and see *Section I of the Application Guide (Intergovernmental Review Requirements)* for detailed information on E.O. 12372 requirements to determine if this applies.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide* and reviewers will assess the response.

- ***Attachment 8: Documentation of Non-profit Status***
  Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit 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 501I(3) of the IRS Code.

- A copy of a current and valid Internal Revenue Service tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has non-profit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit 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: Letter of Certification***
  A letter signed by an authorized representative of the Board of Directors certifying that the applicant organization meets the criteria of a recovery community organization (RCO). This letter must be signed and dated within the 60-day application window. [A RCO is an independent organization with non-profit status led and governed by representatives of local communities of Substance Use Disorder recovery.] Organizations that do not meet this criteria will be ineligible for funding.

- ***Attachment 10: 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**.**

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

*Section A of the Application Guide has in*formation about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 PM (Eastern Time) on **April 29, 2024.**

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.**

The process could take up to six weeks**.** (See *Section A of the Application Guide* for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons;**

  AND

- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute, may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your budget for the following:

- Food can be included as a necessary expense[3] for individuals receiving SAMHSA funded mental and/or substance use disorder treatment and recovery services, not to exceed $10.00 per person per day. If food is an allocated expense, applicants should define internal mechanisms to reconcile costs.
- Recovery housing is an allowable cost. Funds may not be used to pay for non-recovery housing, housing application fees, or housing security deposits.

Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H of the Application Guide.*

[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.

6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See the Application Guide, *Section I* – *Intergovernmental Review* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A-E below. The application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A – E) may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number**, **i.e**., **"A.1," "A.2," etc.** 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, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.

- Any cost-sharing in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need (Up to 25 points – approximately 1 page)

Note: Ten additional (10) points will be given to applicants in states and territories that **have not** previously received BCOR funding **with** proposed projects that address the needs of underserved communities **and/or** rural populations greatly impacted by SUD and COD. Underserved communities are defined in Section 2 of Executive Order 13985. To receive the 10 points, applicants must document that the community is underserved and/or the project will be implemented in a rural area greatly impacted by SUD and COD. **ALL OTHER APPLICANTS CAN ONLY OBTAIN A MAXIMUM OF 15 POINTS FOR THIS SECTION**.

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services that align with the intended population of focus. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized Tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index, etc.). If your state or territory has not previously been awarded a BCOR grant, state that in this section of your narrative.

SECTION B: Proposed Implementation Approach (30 points – approximately 5 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need described in A.2. (See the Application Guide, *Section D - Developing Goals and Measurable Objectives*) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Recipients must commit to enrolling the target numbers specified in the application. Provide the following table:

Number of Unduplicated Individuals to be Enrolled with Award Funds			
Year 1	Year 2	Year 3	Total

2. Describe how you will implement all Required Activities in Section I.

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I [**NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than **four months** after the award. **The timeline does not count towards the page limit for the Program Narrative.]**

SECTION C: Proposed Evidence-based, Adapted, or Community defined Evidence Service/Practices (20 points — approximately 2 pages)

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s)/CDEP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEP(s), evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in Section I.5.)

SECTION D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including underserved and historically under-resourced populations.

2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment from each partner in **Attachment 1**. If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Coordinator) and other significant personnel. For each staff member describe their:
    - Role;
    - Level of Effort (stated as a percentage of full-time employment, such as 1.0 (full-time) or 0.5 (half-time) and not number of hours); and
    - Qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this

population, and working with underserved and historically under resourced populations.

SECTION E: Data Collection and Performance Measurement (10 points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program (See the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and non-federal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., sporting events, entertainment.

See the *Application Guide, Section K - Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. **Identify the items associated with these costs in your budget**.

3. REVIEW AND SELECTION PROCESS

Applications are peer-reviewed according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

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

- Approval by the Center for Substance Abuse Treatment, National Advisory Council (NAC) when the individual award is over $250,000.
- Availability of funds.
- Recipients that received their initial funding in FY 2022 or FY 2023 under the BCOR NOFO (TI-22-014) are not eligible to apply.

- Ten additional (10) points will be given to applicants in states and territories that **have not** previously received BCOR funding **with** proposed projects that address the needs of underserved communities **and/or** rural populations greatly impacted by SUD and COD.

- Submission of any required documentation that must be received prior to making an award.

- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 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). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the Application Guide, *Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR § 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

Recipients are required to submit semi-annual Programmatic Progress Reports at 6 months and at 12 months in Year 1, then an annual report in Years 2 and 3. The progress report at six-months is due within 30 days of the end of the second quarter. The annual report is due within 90 days of the end of each budget period.

The 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
- Problems encountered serving the populations of focus and efforts to overcome them
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

You must submit a final performance 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.

Management of Award:

Recipients must also comply with standard award management reporting requirements, unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Jihane Ambroise, MPH
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
(240) 276-1018
Jihane.Ambroise@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1940
FOACSAT@samhsa.hhs.gov

For review process and application status questions, contact:

Angela Houde
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1091
Angela.Houde@samhsa.hhs.gov