

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

**FY 2024 Community-Based Maternal Behavioral Health  
Services Program**

**Short Title: Community-Based Maternal BHS**

(Initial Announcement)

**Notice of Funding Opportunity (NOFO) No. SM-24-013**

**Assistance Listing Number: 93.243**

**Key Information:**

<b>Application Deadline</b>	<b>Applications are due by August 26, 2024.</b>
<b>FY 2024 NOFO Application Guide</b>	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide ( <a href="#">Application Guide</a> ). 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.
<b>Intergovernmental Review (E.O. 12372)</b>	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 <a href="#">Section I</a> of the <i>Application Guide</i> .
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	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*** (Registration and Application Submission Requirements) to begin this process.

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT), are accepting applications for the fiscal year (FY) 2024 Community-Based Maternal Behavioral Health Services Program (Short Title: Community-Based Maternal BHS). The purpose of this program is to improve access to evidence-based, timely, and culturally relevant maternal mental health and substance use (behavioral health) intervention and treatment by strengthening community referral pathways. Recipients will be expected to collaborate with pregnancy and postpartum healthcare organizations, refer individuals in need of behavioral health care to the appropriate entities, and provide short-term mental health and substance use services to individuals who cannot access care. With this program, SAMHSA aims to improve maternal behavioral health outcomes and reduce mortality in the perinatal and postpartum period.

<b>Funding Opportunity Title:</b>	Community-Based Maternal Behavioral Health Services Program (Short Title: Community-Based Maternal BHS)
<b>Funding Opportunity Number:</b>	SM-24-013
<b>Due Date for Applications:</b>	August 26, 2024
<b>Estimated Total Available Funding:</b>	\$15,000,000 (Total funding available for fully funding all awards for all 5 years)
<b>Estimated Number of Awards:</b>	6
<b>Estimated Award Amount:</b>	Up to \$500,000 per year; up to \$2,500,000 per award for all 5 years
<b>Cost Sharing/Match Required:</b>	No
<b>Anticipated Project Start Date:</b>	November 30, 2024
<b>Anticipated Award Date:</b>	November 15, 2024
<b>Length of Project Period:</b>	Up to 5 years

<b>Eligible Applicants:</b>	State, local, tribal, and territorial governments, tribal organizations, non-profit community-based entities, and primary care and behavioral health organizations to address community behavioral health needs worsened by the COVID-19 public health emergency.  [See <a href="#">Section III-1</a> for complete eligibility information.]
<b>Authorizing Statute:</b>	Sec 2707 and 2702 of the American Rescue Plan Act

# I. PROGRAM DESCRIPTION

## 1. PURPOSE

The purpose of this program is to improve access to evidence-based, timely, and culturally relevant maternal mental health and substance use (behavioral health) intervention and treatment by strengthening community referral pathways and providing seamless transitions in care for pregnant people who are at risk for or currently have a behavioral health condition in the perinatal and postpartum periods.

The prevalence and risk of developing mental health and substance use conditions in the pregnant and postpartum stages is very high.<sup>1</sup> In addition, Black Americans have been disproportionately impacted by COVID-19, and the current mortality rate of new Black mothers is 2.9 times higher than that of White Americans.<sup>2</sup> “The prevalence of generalized anxiety disorder (GAD) in pregnant women has been reported 3–4 times greater than in the general population during the COVID-19 pandemic. Studies have shown that the rate of anxiety and depression among pregnant women during the COVID-19 pandemic have increased and that the anxiety and depressive symptoms were highly prevalent, affecting 58–72% of pregnant women during the COVID-19 pandemic” (Berthelot et al., 2020; as cited in Arzamani et al., 2022).<sup>3</sup> Also, those in minority populations experience even higher rates, “up to thirty percent of American Indians and Alaskan Natives suffer from postpartum depression (PPD) and up to 40% of Black and Latina women suffer from PPD, twice the rate of their White counterparts.”<sup>4</sup>

The COVID-19 pandemic also created stress and other risk factors that contributed to increases in substance use, including for pregnant and postpartum women. A study of 49 pregnant and 22 postpartum women found that the COVID-19 pandemic had

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<sup>1</sup> Agency for Healthcare Research and Quality. Topic brief: Pregnant and postpartum women and behavioral health integration. <https://integrationacademy.ahrq.gov/products/topic-briefs/pregnant-postpartum-women>

<sup>2</sup> Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the whispers before they become screams: Addressing Black maternal morbidity and mortality in the United States. *Healthcare (Basel)*, 11(3):438. <https://doi.org/10.3390/healthcare11030438>

<sup>3</sup> Berthelot, N., Lemieux, R., Garon-Bissonnette, J., Drouin-Maziade, C., Martel, É., & Maziade, M. (2020). Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic. *Acta Obstetrica et Gynecologica Scandinavica*, 99(7):848–855. <https://doi.org/10.1111/aogs.13925>; as cited in Arzamani, N., Soraya, S., Hadi, F., Nooraeen, S., & Saeidi, M. (2022). The COVID-19 pandemic and mental health in pregnant women: A review article. *Frontiers in Psychiatry*, 13:949239. <https://doi.org/10.3389%2Ffpsyt.2022.949239>

<sup>4</sup> Policy Center for Maternal Mental Health. (2023). *Fact sheet: Maternal mental health*. [www.issuelab.org/resources/42983/42983.pdf](http://www.issuelab.org/resources/42983/42983.pdf)

negative influence on the psychological health of pregnant and postpartum women and led to substance use.<sup>5</sup>

The need for behavioral health support during this critical time is essential. This program creates vital support needed during the most vulnerable periods of pregnancy and postpartum and works to ensure treatment is immediate and accessible, that care transitions are seamless, and there is sustained follow-up from an expert behavioral health team.

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by [Executive Order 13985](#). 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 Community-Based Maternal Behavioral Health Services Program (Community-Based Maternal BHS) is authorized by Sections 2707 and 2702 of the American Rescue Plan Act (ARPA).

## 2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, even if they do not 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.

**Key personnel for this program is the Project Director (with a level of effort of 1.0 FTE).**

- The Project Director is responsible for all project oversight.

**If you receive an award, you will be notified if the individual designated for this position has been approved.** If you need to replace the Project Director during the project period, SAMHSA will review the credentials and job description before approving the replacement.

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<sup>5</sup> Ruyak, S., Roberts, M. H., Chambers, S., Ma, X., DiDomenico, J., De La Garza, R., 2nd, & Bakhireva, L. N. (2023). The effect of the COVID-19 pandemic on substance use patterns and physiological dysregulation in pregnant and postpartum women. *Alcohol, Clinical & Experimental Research*, 47(6): 1088–1099. <https://doi.org/10.1111/acer.15077>



### 3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services by the **sixth month** after award. You are also expected to serve the unduplicated number of individuals proposed in the Project Narrative (B.1).

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

**1. Collaborate with pregnancy and postpartum health care organizations**, such as a hospital; a unit within a hospital such as labor and delivery ward, postpartum unit, neonatal intensive care unit (NICU); a birthing center; other outpatient entities that manage the care of pregnant and postpartum individuals, as well as their infants, such as primary care, OB/GYN, and/or pediatrics to screen and assess pregnant individuals at risk for or with mental and substance use disorders (SUD), including individuals greatly impacted by the COVID-19 pandemic.

**2. Refer individuals** in need of culturally responsive, evidence-based mental health and/or substance use treatment and resources, including peer support services, to behavioral health service entities.<sup>6</sup>

**3. Provide short-term mental health and substance use services** if an individual cannot access care.

#### 4. Conduct a Program Readiness Review (PRR)

When: Within 3 months of award

Submit a PRR that identifies the following for pregnant and postpartum individuals:

- Current and potential barriers and facilitators to implementing this project.
- Maternal mental health and substance use needs assessment of the proposed geographic catchment area(s).
- Any needed processes and capacity building to implement the program.
- Training needs in all stakeholder organizations that will be involved with the project.
- Demographic data related to pregnant and postpartum individuals in your geographic catchment area (e.g., race, ethnicity, sexual orientation, gender identity, age, socioeconomic status) with a focus on underserved individuals and those impacted by the COVID pandemic.

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<sup>6</sup> Behavioral health service entity refers to organizations, providers, clinics, or other entity that is able to provide behavioral health intervention and treatment, as well as a range of related services when relevant such as peer support, case management, and/or recovery services.

- Prevalence of mental health and substance use conditions (actual or estimated) of pregnant and postpartum individuals in the geographic catchment area.
- Plan for engagement with local maternity care entities that will be involved with the project.
- Current gaps in early identification, screening, assessment, and treatment services for pregnant and postpartum individuals.

## **5. Develop a Memorandum of Understanding (MOU)**

When: Within 5 months of award

Develop an MOU with the partnering pregnancy and postpartum healthcare organizations and the behavioral health service entities that addresses the following:

- The points of contact between the three entities: the award recipient, the referring pregnancy and postpartum healthcare organizations, and the accepting behavioral health service entities.
- The liaison role that the recipient will play in the process of conducting screening, assessment, and referrals of pregnant and postpartum individuals in need of treatment services.
- How training will be provided to pregnancy and postpartum healthcare organizations on the identification of individuals with or at risk for mental health and substance use disorders.
- The plan for timely acceptance of referrals and provision of accessible, culturally relevant, and trauma-informed mental health and substance use services and treatment by behavioral health service entities.
- The plan for providing accessible, culturally relevant, trauma-informed, evidence-based, evidence-informed, and/or promising interventions.

## **6. Develop a Program Implementation Plan (PIP)**

When: Within 5 months of award and updated annually

Submit a PIP that outlines how this project will be implemented. The PIP should address the following:

- Establishing a Behavioral Health Team for screening, assessment, and referral.
- Developing screening and referral pathways and processes for the referring pregnancy and postpartum organizations.
- Providing short-term consultation and treatment services to pregnant and postpartum individuals needing immediate intervention but unable to access timely care.
- Accepting referrals, providing treatment, case management, and recovery support services, including peer support services, by the partnering behavioral health service entities.

- Developing a marketing plan for engaging additional pregnancy and postpartum organizations and/or behavioral health service entities to refer to you or accept referrals from you.

## 7. Establish a Behavioral Health Team

When: Within 5 months of award

Develop a diverse behavioral health team to serve as a liaison between the referring pregnancy and postpartum organizations and the behavioral health service organizations. At a minimum, the team must include a licensed therapist, a peer support worker, a perinatal psychiatrist, and a perinatal addiction medicine specialist. Other team members could include a community health worker and/or a case manager. This team may provide in-person and/or virtual services. The team will be responsible for:

- Serving as a liaison between the pregnancy and postpartum healthcare organizations and the behavioral health service entities.
- Providing onsite or virtual screening and assessment services for behavioral health service referrals and/or treatment.
- Ensuring there are timely referrals, transitions of care, follow-up, and warm handoff of pregnant and postpartum individuals in need of behavioral health services to behavioral health service entities.
- Providing consultation to referring organizations and short-term behavioral health care treatment services for individuals who need immediate intervention and/or are unable to access timely care.
- Providing follow-up and continuity of care for at least one year and ensuring that appropriate care remains accessible and is being received.
- Ensuring that case management support is being provided by the behavioral health service organizations entities for up to one year (e.g., assistance with housing needs, medical care, school-based support, impact with gender-based violence, custody-related issues, the justice system, child abuse cases, immigration-related support).

## 8. Training Plan

When: Within 7 months after award and updated annually

Submit a **training plan** that outlines a plan to train all relevant staff partnering with pregnant and postpartum organizations. Training topics should include but are not limited to:

- Psychoeducation and symptom recognition on maternal behavioral health conditions and concerns, such as depression, anxiety, intrusive thoughts, psychosis, bipolar spectrum disorders, substance use disorders, trauma spectrum disorders, and suicidal ideation.
- Crisis and suicide risk assessment.

- How to approach, manage, and intervene to help mothers experiencing gender-based violence, and support those experiencing homelessness or justice involvement.
- The relationship between high-risk pregnancies, birth complications, NICU stays, nursing difficulty, and the development of behavioral health conditions.
- Grief and intervention for trauma around losses, including stillbirth, miscarriage, medical complications for the mother, and life-altering medical diagnoses in the infant (genetic/neurological conditions, early surgical intervention, etc.).
- Best practices for improving disparities in the care of diverse pregnant and postpartum individuals in under-resourced communities.

### **9. Sustainability Plan**

When: By the end of Year 3 of the project

- Submit a plan that addresses how this program can continue when federal funding ends.

### **10. Internal Program Evaluation Plan**

When: Years 2 and 5

- Submit an Internal Program Evaluation Plan for regular data collection that will allow for improvement of services, policies, and procedures. Utilize an implementation science framework, such as RE-AIM<sup>7</sup> or EPIS (Exploration, Preparation, Implementation, and Sustainment),<sup>8</sup> to assess the impact and reach of the program and propose changes for service delivery according to the results.

### **ALLOWABLE ACTIVITIES**

Allowable activities are not required. Applicants may propose to use funds for the following activities:

1. Provide training and technical assistance in systems-level change and leveraging of community partnerships.
2. Provide psychiatric and/or addiction case consultation to referring perinatal healthcare organizations.

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<sup>7</sup> RE-AIM: Improving Public Health Relevance and Population Health Impact. <https://re-aim.org/>. Accessed 8 May 2024.

<sup>8</sup> The California Evidence-Based Clearinghouse for Child Welfare . (n.d.). The EPIS Framework. <https://www.cebc4cw.org/implementing-programs/tools/epis/>. Accessed 8 May 2024.

3. Provide support for the prenatal or postpartum individual's children and/or family members (e.g., referral to wraparound services).

## 5. USING EVIDENCE-BASED PRACTICES AND ADAPTED EVIDENCE-BASED 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 (EBPs) 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.

Both researchers and practitioners recognize that EBPs, culturally adapted practices, 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).

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.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) two types of data using the Mental Health Client/Consumer Outcome Measures tool and the Infrastructure, Prevention and Promotion Indicators tool. Training and technical assistance on SPARS data collection and reporting will be provided after award.

1. The [Mental Health Client/Consumer Outcome Measures \(NOMs\)](#) tool collects client-level data on a real-time basis as clients are enrolled for services. You must collect these data on each client at baseline (i.e., client entry into the project), at 3-month, follow-up, and at client discharge. Data must be entered in SPARS within 7 days after collection.
2. The [Infrastructure Development, Prevention, and Mental Health Promotion \(IPP\)](#) indicators are project-level data collected and reported in SPARS on a quarterly basis. Recipients must collect data on the following IPP assigned indicators:
  - The number of individuals trained in trauma-informed care practices as a result of the grant.
  - The number of individuals screened for mental health or substance use related interventions.
  - The number of individuals referred to mental health or related services.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data in SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Additional information about SPARS can be found at <https://spars.samhsa.gov/>.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

A recipient-led evaluation is required. You must report on evaluation questions and evaluation design, collect data, and report evaluation findings and recommendations. You will be provided with additional requirements on the scope and expectations of the evaluation upon award.

#### *Project Performance Assessment*

You must periodically review your performance data to assess their progress and use this information to improve the management of your project. The project performance assessment allows you 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.<sup>9</sup> 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 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;

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<sup>9</sup> [“Behavioral health”](#) means the promotion of mental health, resilience and well-being; 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.



- 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;
- *Collaboration 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.<sup>10</sup>

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

**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 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](#)).

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<sup>10</sup> Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>



The DIS is a data-driven, quality improvement approach to advance 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, 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 the Project Director to fully participate in these meetings.

## **II. FEDERAL AWARD INFORMATION**

### **1. GENERAL INFORMATION**

**Funding Mechanism:** Cooperative Agreement

**Estimated Total Available Funding:** \$15,000,000 (Total funding available for fully funding all awards for all 5 years)

<b>Estimated Number of Awards:</b>	6
<b>Estimated Award Amount:</b>	\$500,000 per year, inclusive of indirect costs \$2,500,000 per award for all 5 years
<b>Length of Project Period:</b>	Up to 5 years
<b>Anticipated Start Date</b>	November 30, 2024

**The proposed budgets for each year cannot be more than \$500,000 in total costs (direct and indirect) in any year of the project. The recipients will receive all 5 years of funding in the initial award but are allowed to use no more than \$500,000 for each year.**

## **2. COOPERATIVE AGREEMENT REQUIREMENTS**

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of recipients and SAMHSA staff are:

### **Role of Recipient:**

You must:

- Comply with terms and conditions of the cooperative agreement award,
- Collaborate with SAMHSA staff in project implementation and monitoring, and
- Submit key program documents for approval to the Government Project Officer (GPO).

### **Role of SAMHSA Staff:**

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS), and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPO will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will review or approve one stage of a project before work may begin on a later stage during a current approved project period.

- Assist you in developing a selection process for sub-awards and review sub-recipient contracts and awards.
- Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- Recommend outside consultants for training, evaluation, and data collection.

- Maintain regular communication with you through routine conference calls and provide technical assistance and consultation.
- If indicated, oversee the development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
- Review and approve all key personnel.
- Review and approve performance data and progress reports.

The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure the project operates in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligibility is limited to state, local, tribal, and territorial governments, tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to address community behavioral health need worsened by the COVID-19 public health emergency. (Section 2707 of American Rescue Plan Act.)

For general information on eligibility for federal awards, see <https://www.grants.gov/applicants/applicant-eligibility.html>.

#### **2. COST SHARING AND MATCHING REQUIREMENTS**

Cost sharing/match is not required in this program.

#### **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. You 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**, you must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

- A provider or behavioral health organization for direct client behavioral health for perinatal and postpartum individuals, which includes both mental health and substance use services appropriate to the award, must be involved in the project. The provider or behavioral health organization may be the applicant or another organization committed to the project as demonstrated by a Letter of Intent (LOI). More than one provider or behavioral health organization may be involved.
- Each provider and/or behavioral health organization (which may include the applicant and any partners) must have at least five years of experience (as of the due date of the application) providing relevant services, including behavioral health services for perinatal and postpartum individuals. Official documents must establish that the organization has provided relevant services for the last five years.
- Each behavioral health and/or 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 and/or behavioral health 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 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: 11/30/2024; b. End Date: 11/29/2029.
  - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the authorized 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, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 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; (e) Fourth column is the budget for the fifth 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 \(No Match Required\)](#)

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 9

**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 Intent (LOI)/Service Providers/Evidence of Experience and Credentials**
  - **LOIs from at least two pregnancy and postpartum healthcare organization(s)** you will collaborate with to screen and assess pregnant and postpartum individuals with or at risk for behavioral health disorders. The LOIs must indicate their willingness and readiness to collaborate with you in identifying, screening, assessing, and referring pregnant and postpartum individuals who are at risk for or have mental and substance use disorders. The organizations can be birthing organizations, such as a hospital; unit within a hospital (i.e., labor and delivery ward, postpartum unit, NICU); a birthing center; or other outpatient entities that manage the care of pregnant, and postpartum individuals, as well as their infants, such as primary care, OB/GYN, and/or pediatrics clinics.
  - **LOIs from at least two community-based behavioral health organizations** who are willing to collaborate with and accept referrals from the grant recipient to provide treatment and case management services to pregnant and postpartum individuals with or at risk for behavioral health disorders. These organizations can be community-based behavioral health clinics, academic behavioral health settings, and/or other organizations that are equipped to provide behavioral health treatment to pregnant and postpartum individuals.
  - **Certification Statement:** You must provide a written statement certifying that all partnering service organizations listed in this application meet the 2-year experience requirement and any 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)* 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 most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid 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: 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 information 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 August 26, 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 6 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: TO SUBMIT AN APPLICATION, THE FOLLOWING TASKS MUST BE COMPLETED BY THE NOFO DEADLINE:**

- 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.

**There are no exceptions to this requirement.**

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT YOUR APPLICATION.** Waiting until the last minute may result in the application not being received and accepted 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<sup>11</sup> for individuals receiving SAMHSA funded mental and/or substance use disorder treatment services, not to exceed \$10.00 per person per day.

**You must also comply with SAMHSA’s Standards for Financial Management and Standard Funding Restrictions in [Section H](#) of the *Application Guide*.**

## **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.

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<sup>11</sup> 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.

- **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 (25 points – approximately 2 pages)**

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 pregnant and postpartum 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 & Roadmaps](#), [Social Vulnerability Index](#), etc.).
3. Identify gaps in identification, screening, assessment and the provision of evidence-based treatment of behavioral health conditions (includes mental health and substance use) for pregnant and postpartum individuals. Specifically discuss gaps in timely recognition of symptoms, referrals to accessible and holistic care that includes peer support and sustained follow-up for the target population.

**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). Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement all Required Activities in [Section I](#).
3. Describe how you will serve as a liaison and link between referring and accepting organizations.
4. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 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 or Evidence-informed Practices (20 points — approximately 1 page)**

1. Identify the EBPs or evidence-informed practices 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 or adaptations (e.g., cultural) you will make to the EBP(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 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. Include LOIs from each partner in **Attachment 1**.
3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. For each staff member describe their:
  - Role;
  - Level of Effort (stated as a percentage 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 Mental Health Services and Center for Substance Abuse Treatment National Advisory Councils.
- Availability of funds.
- 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 (PPR) at 6 months and at 12 months in Year 1, an annual report in Years 2–4, and a final cumulative report at the end of the entire project period (Year 5). 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 PPR must be submitted in eRA Commons using a standardized template (OMB Control Number 0930-0395).

The PPR must address:

- 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
- The impact and reach of the services. This should ideally be done using a dissemination and implementation science framework, such as RE-AIM or PRISM,<sup>12</sup> etc.
- 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 also 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:**

You must also comply with [standard award management reporting requirements](#), unless otherwise noted in the NOFO or NoA.

Funds from each SAMHSA Center must be tracked separately in your account system identifying funds used for different purposes under the specific funding streams.

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<sup>12</sup> RE-AIM. (n.d.). Frequently asked questions about PRISM. <https://re-aim.org/learn/prism/>.



Applicants must include the amount expended for each funding stream in block 12 of the FFR.

## **VII. AGENCY CONTACTS**

For program and eligibility questions, contact:

Nima Sheth  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
(240) 276-0513  
[nima.sheth@samhsa.hhs.gov](mailto:nima.sheth@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  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

For review process and application status questions, contact:

Catherine Naeger  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276-1447  
[Catherine.Naeger@samhsa.hhs.gov](mailto:Catherine.Naeger@samhsa.hhs.gov)