Department of Health and Human Services

Substance Abuse and Mental Health

Services Administration

FY 2024 First Responders-Comprehensive Addiction and Recovery Act

(Short Title: FR-CARA)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-006

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by April 15, 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*** (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 Substance Abuse Prevention (CSAP), is accepting applications for the fiscal year (FY) 2024 First Responders-Comprehensive Addiction and Recovery Act (Short Title: FR-CARA) program. The purpose of this program is to provide resources to support first responders and members of other key community sectors on training, administering, and distributing naloxone and other Food and Drug Administration (FDA)-approved overdose reversal medications or devices. Recipients will be expected to establish processes, protocols, and mechanisms for warm hand-off referrals to appropriate treatment, recovery, harm reduction, and other psychosocial resource support services. Recipients will also provide safety education around fentanyl, synthetic opioids, and other drug trends associated with overdoses. With this program, SAMHSA aims to support first responders' efforts to mitigate the overdose crisis across the nation and provide resources to populations disproportionately impacted by overdose, relative to national averages.

Funding Opportunity Title:	First Responders-Comprehensive Addiction and Recovery Act (Short Title: FR-CARA)
Funding Opportunity Number:	TI-24-006
Due Date for Applications:	April 15, 2024
Estimated Total Available Funding:	Up to $6.2M ($2.5M for rural communities and $3.7M for nonrural communities)
Estimated Number of Awards:	Up to 15 (At least three awards will be made to tribes and tribal organizations pending adequate application volume.)
Estimated Award Amount:	$300,000–$800,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 4 years

Eligible Applicants:	Eligibility for this program is statutorily limited to states, local governmental entities, and American Indian/Alaska Native (AI/AN) tribes and tribal organizations. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	The First Responders-Comprehensive Addiction and Recovery Act is authorized under Section 546 of the Public Health Service Act, (42 USC 290ee-1), as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to provide resources to support first responders and members of other key community sectors on training, administering, and providing naloxone and other Food and Drug Administration (FDA)-approved opioid overdose reversal medications or devices. Recipients will be expected to establish processes, protocols, and mechanisms for warm hand-off referrals to appropriate treatment, recovery, harm reduction, and other psychosocial support services. Recipients will also provide safety education around fentanyl, synthetic opioids, and other drug trends associated with overdoses.

The populations of focus for this program include underserved communities, as defined by Executive Order (E.O.) 13985, communities disproportionately impacted by overdose, and individuals residing in counties with a Social Vulnerability Index (SVI) score between 0.75 and 1.0. An additional 10 points will be awarded in the peer review process to applicants who document that more than 50 percent of their service population will be underserved communities and that the individuals residing in the proposed communities have an SVI between 0.75 and 1.0.

SAMHSA 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.

Applicants proposing to serve rural communities must certify and identify in **Attachment 9** the 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, known as a Rural Urban Commuting Area (RUCA).

With this program, SAMHSA aims to support first responders' efforts to mitigate the overdose crisis across the nation and provide resources to populations disproportionately impacted by overdose, relative to national averages. For the purposes of this NOFO, first responders include firefighters, law enforcement officers, paramedics, emergency medical technicians, mobile crisis providers, and other organizations that respond to overdose-related incidents.

This program is authorized under Section 546 of the Public Health Service Act, (42 USC 290ee-1), as amended.

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 represented in the geographic catchment area proposed to be served in the application.

Key Personnel for this program are the Project Director, with at least 50 percent level of effort, **and the Evaluator,** with at least 20 percent level of effort.

- The Project Director is responsible for overseeing, monitoring, and managing the award.
- The Evaluator is responsible for evaluating processes and outcomes of the award and overseeing data collection and reporting.

If you receive an award, you will be notified if the individual(s) 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 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.

Recipients are required to carry out each of these activities.

- Provide resources to support the availability and use of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for emergency reversal of known or suspected opioid overdose by first responders and members of other key community sectors.
- Train and provide resources for first responders and members of other key community sectors (including diverse community-based organizations and direct service and healthcare providers) on the following:
    - Carrying and administering a drug or device approved or cleared under the FD&C Act for emergency reversal of known or suspected opioid overdose.
    - Overdose awareness education and information on how to empower individuals at risk of experiencing or being impacted by overdose, with culturally and trauma-informed treatment, recovery, harm reduction, and other psychosocial resource support services.
    - Education and safety measures around fentanyl, synthetic opioids, and other dangerous licit and illicit drugs, including information regarding potency and other emerging drug trends such as xylazine.
    - Public education on applicable “Good Samaritan” laws.

- Establish culturally and linguistically appropriate processes, protocols, and mechanisms for referral to treatment, recovery, harm reduction, and other psychosocial resource support services. Additional staff may be hired to support this required activity, including an outreach coordinator or peer support specialist with lived and/or living experience to provide overdose follow-up support and referrals.
- Form or join an advisory committee to provide ongoing program guidance throughout the project's four years, monitor progress, and ensure that the goals are being met. You are encouraged to have a diverse group of advisory committee members from applicable state, tribal, or local government; first responders; substance use prevention, treatment, recovery, and harm reduction services; criminal legal entities; LGBTQI+ centers; members of the community, especially individuals with lived and living experience; and other community support services.
- Within the first four months, conduct and submit the results of resource mapping in the catchment area to identify existing community assets ("community anchors" such as nonprofits, faith-based groups, and local nontraditional prevention businesses); strengths; needs; and gaps relevant to the program's overdose prevention goals. This strategy will guide training, service, and resource delivery and ensure alignment with SAMHSA's Strategic Prevention Framework. Applicants must submit two Letters of Commitment (LOC) from community anchors in **Attachment 1**. **Applicants who do not submit the two LOCs will be screened out and not considered for review.** Detailed guidance and a mapping template will be provided upon award.
- Establish applicable organizational policies and procedures for the implementation of evidence-based, trauma-informed care practices.
- Develop and implement strategies to provide, increase, or enhance access to services for people of all underserved groups in the community, in accordance with Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS) Standards:
    - Hire staff that represent the population of the community (CLAS Standard 3).
    - Translate tools and resources available to recipients of services (see CLAS Standards 5–8).
    - Create conflict and grievance resolutions processes that are culturally and linguistically appropriate (CLAS Standard 14).

4. ALLOWABLE ACTIVITIES

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

- Facilitate field initiation of low-threshold medication (e.g., buprenorphine) intended to reduce the risk of withdrawal symptoms and overdose death per applicable local, state, and federal regulations. Applicants proposing to

implement this allowable activity must submit Letters of Commitment in **Attachment 1**, a Statement of Certification in **Attachment 9**, and outline their training and field initiation protocol in Section B of the Project Narrative. As part of this allowable activity, recipients should have or develop the following processes for implementation:
    - Culturally informed and best practices training to direct service providers (including first responders), with information on administering field-initiated medications
    - Time-limited, comprehensive care, including peer support, case management, navigation services, housing/employment/health insurance assistance, and connection to additional psychosocial services
    - Warm hand-off referrals to appropriate community-based treatment, recovery, harm reduction, and other resources
- Purchase and distribute naloxone and drug-checking supplies through various modalities, including, but not limited to, schools, mail programs, and vending machines. This activity must align with the emerging drug use landscape and complement the acute overdose response efforts of first responders. Vending machines may contain overdose prevention and response materials, such as naloxone, drug-checking supplies (e.g., fentanyl test strips, xylazine test strips), and educational and resource information. Federal funds cannot be used to purchase drug paraphernalia, and all activities must align with federal and local laws.
- Develop and implement tobacco cessation and alcohol misuse programs and initiatives.
- Provide community first aid or cardiopulmonary resuscitation (CPR) training.
- Promote health equity by implementing initiatives that expand diversity, equity, inclusion, and accessibility, while addressing behavioral health disparities and social determinants of health.
- Conduct capacity-building activities including, but not limited to, training, education, and technical assistance; expansion of partnerships; workforce capacity development; systems strengthening; and the development of program materials.

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 humility, 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(s) 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 propose use of 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 propose to 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 Act (GPRA) Modernization Act of 2010. Detailed data metrics can be found in the Reporting Requirements. You must document your plan for data collection and reporting in Section E of the Project Narrative.

Progress reports on the following measures are to be submitted quarterly in SAMHSA's Performance Accountability and Reporting System (SPARS) within 30 days of the end of each reporting period, and annually in eRA Commons. Reporting information will be gathered using a uniform data collection tool provided by SAMHSA. Training and technical assistance on data collection and reporting will be provided after award.

For reporting purposes, "**naloxone**" refers to naloxone or other FDA-approved opioid overdose-reversing medication or device.

1. Number of naloxone kits purchased.

2. Number of naloxone kits distributed to first responders and other key community sector members, and number of other individuals equipped with naloxone kits following an opioid-related overdose event.

3. Number of first responders and other key community sector members trained on (a) naloxone administration, (b) safety around fentanyl, carfentanil, and other dangerous and illicit drugs, and (c) establishing policies and procedures for the implementation of evidence-based, trauma-informed care practices.

4. Number of known or suspected opioid overdose events where naloxone was administered by first responders and other key community sector members by outcome (e.g., opioid overdose reversal, death, not an opioid overdose, unknown).

5. Number of naloxone doses administered by first responders and other key community sector members.

6. Number of opioid overdose victims and families who (a) received information about treatment services, (b) received information about recovery support services, and (c) were linked to services.

7. Number of responses to service requests by grantee or other entities, including individuals or organizations collaborating with the grantee on grant-related activities (e.g., subgrantees/subrecipients, contractors/subcontractors, or other partners).

The data you collect allows SAMHSA to report on key performance measures related to the purpose of the program. 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.

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

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 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;

[1] "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.

- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally based and informed;
- supported through relationships 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.
- *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.[2]

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 healthcare 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

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

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).

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 E.O.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, and, in some circumstances, 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 Inhalation 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 for 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 (e.g., the Veterans Health Administration or senior services).

Inclusion of People With Lived Experience Policy

SAMHSA recognizes that people with lived and living experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the staffing, 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, SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

8. RECIPIENT MEETINGS

SAMHSA will hold virtual cohort meetings and expects recipients to fully participate. If SAMHSA elects to hold an in-person cohort meeting, budget revisions may be permitted for travel.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	$6.2M ($2.5M for rural communities and $3.7M for nonrural communities)
Estimated Number of Awards:	Up to 15 (At least three awards will be made to tribes and tribal organizations, pending adequate application volume.)
Estimated Award Amount:	$300,000–$800,000 per year
Length of Project Period:	Up to 4 years
Anticipated Start Date:	September 30, 2024

Your annual budget cannot exceed $300,000–$800,000 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

Eligibility for this program is statutorily limited (Section 546 of the Public Health Service Act [42 USC 290ee-1], as amended) to the following entities:

- State governments: The District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are also eligible to apply.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, and consortia of tribes or tribal organizations
- Local governmental entities including, but not limited to, municipal corporations, counties, cities, boroughs, incorporated towns, and townships

A tribal organization is the recognized body of any AI/AN tribe; any legally established organization of AI/ANs controlled, sanctioned, or chartered by such governing body; or is democratically elected by the adult members of the Indian community to be served by

such organization and includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.

An Urban Indian Organization (UIO) means a nonprofit corporate body situated in an urban center, governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title.

Current FR-CARA recipients may apply for this funding opportunity, but the population of focus and geographic/catchment area must be different from their funded application. In addition, new applicant organizations may submit more than one application. However, each application must focus on a different population of focus and a different geographic/catchment area(s). If an organization submits an application with the same population of focus or geographic/catchment area(s) as their funded application, it will be screened out.

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

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. 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 two additional requirements related to the provision of services have been met.

The two requirements are:

1. Each primary applicant SUD prevention, treatment, or recovery support provider organization 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 2 years.

Subrecipients and partner organizations are not required to meet this requirement.

2. Each SUD 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. This requirement applies to primary, subrecipient, and partner organizations.

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 of Certification" that the service provider organizations meet the experience and credentials requirements outlined in this section.

Following the review of your application, if the score is in the fundable range, the Government Project Officer (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-42**4—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: 9/29/2028.
  - 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 nonfederal 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 nonfederal 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 nonfederal 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 **nonfederal** funds.

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

period. The second column (c) is the budget for the third budget period. The third column (d) is the budget for the fourth budget period. Use Line 16 for federal funds and Line 17 for nonfederal 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 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 (LOC) and Statement of Certification—required.***
    - **LOCs from all direct service provider organizations** that will partner in the project. **Do not include any letters of support. Reviewers will not consider them.** (A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.) If there are no direct service provider organizations in the proposed project, the applicant must provide sufficient documentation of their capacity to meet the program

requirements in the application. **Note: This LOC requirement is separate and in addition to the community anchor requirement.**

- To demonstrate collaboration and capacity among nontraditional community organizations, applicants must submit **two** LOCs to meet the community anchor requirement outlined in the Required Activities section. Community anchors extend beyond traditional prevention partnerships to include entities such as barber shops, clubs, convenience stores, libraries, motels, nail salons, restaurants, vape shops, etc. **Failure to submit the two LOCs for community anchors will result in the application being screened out and not considered for review.**
- **Statement of Certification**: You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements outlined in the "Evidence of Experience and Credentials" section.
- **Optional**: Applicants proposing to facilitate **field-initiated medication** must include LOCs from all direct service provider organizations (including first responders) who will be providing and/or administering the medication. Applicants must also provide a written statement certifying awareness and compliance with all applicable local, state, and federal laws and regulations governing the distribution and/or provision of buprenorphine and any similar medication intended to reduce the risk of withdrawal symptoms and overdose death. If this activity will be fulfilled by the recipient organization, submit a statement to note that the medication will be provided and/or administered internally.

- ***Attachment 2: Data Collection Instruments/Interview Protocols—required.***
  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—required, if applicable.***
  Include, as appropriate, informed consent forms for:
  - service intervention.
  - exchange of information, such as for releasing or requesting confidential information.

- ***Attachment 4: Project Timeline—required.***
  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—required.***
  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—required, if applicable.***
  Review information in Section IV.6 and see *Section I of the Application Guide (Intergovernmental Review)* for detailed information on Executive Order (E.O.) 12372 requirements to determine if this applies.

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

- ***Attachment 8: Documentation of Nonprofit Status—required, if applicable.***
  Proof of nonprofit status must be submitted by private nonprofit organizations. Any of the following is acceptable evidence of nonprofit status:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid IRS tax exemption certificate.
  - A statement from a state taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has nonprofit status.
  - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.
  - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

- ***Attachment 9: Statement of Certification (Rural Communities)—required, if applicable.***
  - Applicants proposing to serve rural communities must certify and identify the 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, also known as a Rural Urban Commuting Area (RUCA).

- ***Attachment 10: Form SMA 170—Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations—required.***

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 **April 15, 2024.** If you are submitting more than one application, the project title should be different for each application.

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 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 SUCCESSFULLY 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 services, and/or substance use prevention 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 E.O. 12372, as implemented through the 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 responses to the evaluation criteria.

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[3] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and is 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.

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, Statement of Need (Up to 20 points— approximately 2 pages)

Note: An additional 10 points will be awarded to applicants who document (in A.1) that more than 50 percent of their service population will be underserved communities, as defined by E.O. 13985, **and** that the communities have a Social Vulnerability Index (SVI) between 0.75 and 1.0. **APPLICANTS THAT DO NOT PROVIDE THIS DOCUMENTATION CAN ONLY OBTAIN A MAXIMUM OF 10 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(s) 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. and identify the

source of the data. Applicants may use the following resources to document that their proposed target population(s) has (have) been disproportionately impacted by overdose:

- Demographic, geographic, and socioeconomic data from the NSDUH
- CDC WONDER
- CDC Urban–Rural Differences in Drug Overdose Death Rates
- Applicable local and county-level data on overdose deaths from the NVSS
- NIDA/NIH– Data on Substance Use and SUDs in LGBTQ+ Populations

SECTION B: Proposed Implementation Approach (30 points—approximately 4 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:

Unduplicated Individuals To Be Served With Award Funds				
Year 1	Year 2	Year 3	Year 4	Total

2. Describe how you will implement all Required Activities in Section I.3, including the community anchor approach. **If funds will be used for field-initiated medication, describe how those funds will be used.**

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire **four** years of the project period, showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I.3. [**NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible, and no later than **4 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 (25 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, including community anchors. 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 Letters of Commitment from each partner and community anchor in **Attachment 1.**

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Evaluator) 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 nonfederal 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, nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal 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
- Current FR-CARA recipients may apply for this funding opportunity but the population of focus and geographic/catchment area must be different from their funded application. In addition, new applicant organizations may submit more than one application; however, each application must focus on a different population of focus and a different geographic/catchment area(s). If an applicant submits an application with the same population of focus or geographic/catchment area(s) as their funded application, they will be screened out.
- At least three awards will be made to tribes/tribal organizations, pending adequate application volume.
- 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 the R/Q section, 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 an annual Programmatic Progress Report (PPR) in eRA Commons. The report is due within 90 days of the end of each budget period and must include:

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

A final performance report must be submitted within 120 days after the end of the last 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:

Shannon Hastings
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
(240) 276-1869
DTPFRCARA@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
FOACSAP@samhsa.hhs.gov

For review process and application status questions, contact:

Toni Davidson
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
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Toni.Davidson@samhsa.hhs.gov