

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

GLS Campus Suicide Prevention Grant Program
(Short Title: GLS Campus)
(Modified Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-004
Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by May 6, 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) participates. 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 <i>Application Guide</i> .

**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.

Table of Contents

EXECUTIVE SUMMARY	5
I. PROJECT DESCRIPTION	7
1. PURPOSE.....	7
2. KEY PERSONNEL.....	9
3. REQUIRED ACTIVITIES.....	9
4. ALLOWABLE ACTIVITIES	10
5. DATA COLLECTION/PERFORMANCE ASSESSMENT AND PROJECT PERFORMANCE ASSESSMENT.....	11
6. OTHER EXPECTATIONS.....	12
7. RECIPIENT MEETINGS	15
II. FEDERAL AWARD INFORMATION	15
1. GENERAL INFORMATION.....	15
III. ELIGIBILITY INFORMATION	16
1. ELIGIBLE APPLICANTS.....	16
2. COST SHARING AND MATCHING REQUIREMENTS	17
3. OTHER REQUIREMENTS.....	19
IV. APPLICATION AND SUBMISSION INFORMATION	19
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	19
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	19
3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT	22
4. APPLICATION SUBMISSION REQUIREMENTS	22
5. FUNDING LIMITATIONS/RESTRICTIONS.....	23
6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS.....	23
7. OTHER SUBMISSION REQUIREMENTS	24
V. APPLICATION REVIEW INFORMATION	24

1.	EVALUATION CRITERIA.....	24
2.	BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT.	26
3.	REVIEW AND SELECTION PROCESS.....	26
VI.	FEDERAL AWARD ADMINISTRATION INFORMATION.....	27
1.	FEDERAL AWARD NOTICES	27
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3.	REPORTING REQUIREMENTS	28
VII.	AGENCY CONTACTS	28

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for the fiscal year (FY) 2024 Garrett Lee Smith (GLS) Campus Suicide Prevention grant program (Short Title: GLS Campus). The purpose of this program is to support a comprehensive public health and evidence-based approach that: (1) enhances behavioral health services for all college students, including those at risk for suicide, depression, serious mental illness (SMI)/serious emotional disturbances (SED), and/or substance use disorders that can lead to school failure; (2) prevents and reduces suicide and mental and substance use disorders; (3) promotes help-seeking behavior and reduces stigma; and (4) improves the identification and treatment of at-risk college students so they can successfully complete their studies. With this program, SAMHSA aims to identify students who are at risk for suicide and suicide attempts, increase protective factors that promote mental health, reduce risk factors for substance use disorders and suicide, and ultimately reduce suicides and suicide attempts.

Funding Opportunity Title:	GLS Campus Suicide Prevention Grant Program (Short Title: GLS Campus)
Funding Opportunity Number:	SM-24-004
Due Date for Applications:	May 6, 2024
Estimated Total Available Funding:	\$2,426,758
Estimated Number of Awards:	Up to 23
Estimated Award Amount:	Up to \$102,000 per year per award
Cost Sharing/Match Required	Yes [See Section III-2 for cost sharing/match requirements.]
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 3 years
Eligible Applicants:	Private and public non-profit institutions of higher education . [See Section III-1 for complete eligibility information.]

Authorizing Statute:	Section 520E-2 of the Public Health Service Act (42 U.S.C. 290bb-36b), as amended.
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I. PROJECT DESCRIPTION

1. PURPOSE

The purpose of this program is to support a comprehensive public health and evidence-based approach that: (1) enhances behavioral health services for all college students, including those at risk for suicide, depression, serious mental illness (SMI)/serious emotional disturbances (SED), and/or substance use disorders that can lead to school failure; (2) prevents and reduces suicide and mental and substance use disorders; (3) promotes help-seeking behavior and reduces stigma; and (4) improves the identification and treatment of at-risk college students so they can successfully complete their studies.

Suicide continues to be a leading cause of death among college and university students in the United States. According to the [2022 National Survey on Drug Use and Health \(NSDUH\)](#), among adults ages 18 or older, 5.2% (or 13.2 million people) had serious thoughts of suicide, 1.5% (or 3.8 million people) made a suicide plan, and 0.6% (or 1.6 million people) attempted suicide in the past year. Nearly half of young adults ages 18 to 25 in 2022 (48.8% or 17.0 million people) had either a substance use disorder (SUD) or any mental illness (AMI) in the past year¹. Additionally, 13.6% of adults ages 18–25 reported having seriously considered suicide in the past year. This is a higher percentage than any other adult age group.²

Suicide is the third leading cause of death among youth and young adults ages 18–24 years old. Between 2000–2021, suicide rates within this age group increased an estimated 51%. Suicide rates among Black persons ages 18–24 increased significantly between 2018 and 2021 (from 12.77 to 18.91, respectively; a 48% increase).³ Age-adjusted 2021 suicide rates were highest among non-Hispanic American Indian or Alaska Native (AI/AN) persons (28.1 per 100,000) overall; this group also experienced

¹ Substance Abuse and Mental Health Services Administration. (2022). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFRRRev010323.pdf>

² Substance Abuse and Mental Health Services Administration. (2023). Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health 2022. <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases#annual-national-report>

³ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018–2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018–2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on January 18, 2024.

the highest relative percentage change during 2018–2021 (from 22.3 to 28.1 per 100,000; a 26% increase).⁴

GLS Campus Suicide Prevention projects must include the development of a comprehensive plan to support the necessary infrastructure and increase and sustain capacity for effective prevention, identification, and suicide prevention programming for college students.

The comprehensive approach to campus suicide prevention is an evidenced-based model adapted for campuses by SAMHSA’s Suicide Prevention Resource Center (SPRC) and the JED Foundation, drawing on the [United States Air Force Suicide Prevention Program](#).⁵ This model identifies students at risk, increases help-seeking behaviors, provides substance use disorder and mental health services, follows crisis management procedures, restricts access to potentially lethal means, develops life skills, and promotes social connectedness. For more information, go to the SPRC [Comprehensive Approach to Suicide Prevention](#) and the JED Foundation’s [Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities](#).

Before adding new intervention efforts, there are essential capacities that campuses must have in place, such as crisis response protocols (including postvention), safety planning, crisis stabilization, referral pathways to on- and off-campus behavioral health services, and appropriately trained staff. **[NOTE: If you have crisis response protocols and/or a crisis response plan, include it in [Attachment 9](#).]** Also, campuses should be able to respond to college student demand for services so that demand does not outpace capacity. Applicants should explore a variety of options to increase capacity, such as adjusting a triage model; enhancing screening efforts so that college students are reached before a crisis; developing resiliency training and psycho-educational groups; and engaging resources in the community.

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

⁴ Stone DM, Mack KA, Qualters J. *Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021*. MMWR Morb Mortal Wkly Rep 2023;72:160–162. DOI: <http://dx.doi.org/10.15585/mmwr.mm7206a4>

⁵ Knox KL, Litts DA, Talcott GW, Feig JC, Caine ED. Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. BMJ. 2003 Dec 13;327(7428):1376. doi: 10.1136/bmj.327.7428.1376. PMID: 14670880; PMCID: PMC292986.

pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

GLS Campus Suicide Prevention grants are authorized under Section 520E-2 of the Public Health Service Act (42 U.S.C. 290bb-36b), 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. These staff members must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

- **Key personnel for this program is the Project Director with a minimum level of effort 0.15 FTE.** The Project Director is responsible for oversight of the project.

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

3. REQUIRED ACTIVITIES

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

Funds must be primarily used to support capacity building. Capacity building involves strengthening the ability of your organization to meet identified goals so that it can sustain or improve the delivery of services:

- Create a network infrastructure (which includes a crisis response protocol and postvention plan) to link the institution of higher education with appropriately trained behavioral health care providers who treat mental and substance use disorders. The network shall include providers with knowledge of local behavioral health crisis response services (mobile response, crisis stabilization services, crisis lifeline call centers, and other support services), as well as traditional outpatient providers and emergency departments.
- Develop a plan to seek input from relevant stakeholders in the community, and other appropriate public and private entities to implement the program.
- Administer voluntary mental and substance use disorder screenings and assessments and provide information and referral services, as appropriate.
- Train students, faculty, and staff to identify, respond effectively, and make appropriate referrals for students experiencing mental and substance use disorders, distress, crisis, or at risk of suicide. Trainings should be evidence-based.

- Operate hotlines and/or promote access and the availability of 24/7 crisis services (phone/text/chatline) through local services and the national 988 Suicide & Crisis Lifeline.
- Provide outreach services to inform students about mental and substance use disorder resources and services, including recovery support services and how these concepts vary across cultural groups.
- Educate and disseminate informational materials to college students, families, faculty, and staff to increase awareness about suicide, suicide prevention, mental health promotion, substance misuse prevention, and mental and substance use disorders, and promote resiliency.
- Develop and implement educational seminars for students to enhance life skills, resilience, and promote social connectedness that align with campus initiatives and activities.
- Implement strategies to reduce access to lethal means among students with identified suicide risk.
- Conduct an assessment of the mental health and substance use disorder needs of students.

4. ALLOWABLE ACTIVITIES

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

- Develop a plan to provide mental health and substance use disorder prevention and treatment services to college students by employing appropriately trained staff. Services may include recovery support services and programming and early intervention, treatment, and management, including through the use of telehealth services.
- Develop supportive policies addressing students who need a medical leave of absence due to the presence of SED, SMI, or co-occurring disorder (COD).⁶
- Support college student groups on campus, including athletic teams, that engage in activities to educate college students, including activities to reduce negative attitudes about behavioral health disorders and to promote mental health.
- Conduct research through a counseling or health center at the institution of higher education involved to improve the behavioral health of students through

⁶ COD refers to the presence of both a mental health and substance use disorder.

clinical services, outreach, prevention, and promotion of mental health or academic success, in a manner that is in compliance with all applicable personal privacy laws.

- Develop and support evidence-based and emerging best practices, including a focus on culturally and linguistically appropriate best practices and trauma-informed practices.

5. DATA COLLECTION/PERFORMANCE ASSESSMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

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

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) project-level data on selected Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators on a quarterly basis. The CMHS IPP data collection and reporting tool and related guidance can be found at <https://spars.samhsa.gov/content/cmhs-ipp-overview-guide>. Training and technical assistance on SPARS data collection and reporting will be provided after award. Recipients must collect and report data on the following IPP indicators:

- The number of individuals who have received training in prevention or mental health promotion.
- The number of people receiving evidence-based mental health-related services.
- The number of individuals exposed to mental health awareness messages.
- The number of individuals screened for suicidal ideation.
- The number of individuals referred to crisis, or other mental health-related services for suicide risk, ideation, or behavior.

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.

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*.

6. 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.⁷ 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;

⁷ [“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.

- culturally based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and
- based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined 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 their 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, & 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.⁸

It is critical for recipients to promote the linkage to recovery and resilience for those 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 mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

⁸ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Behavioral Health Disparities

If your application is funded, you must submit a behavioral health Disparity Impact Statement (DIS) no later than 60 days after your 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 for 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).

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, you should consider prioritizing this population for 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 our processes and outcomes.

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](#) (E.O. 14075) 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](#).

7. RECIPIENT MEETINGS

SAMHSA will hold an in-person meeting in Year 1 of the program. You must send no more than two people, including the Project Director. You must submit a detailed budget and narrative for this travel. These meetings are usually held in the Washington, D.C., metropolitan area for 2.5 days. If SAMHSA elects to hold a virtual meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant
Estimated Total Available Funding:	\$2,426,758
Estimated Number of Awards:	23
Estimated Award Amount:	Up to \$102,000 per year per award, inclusive of indirect costs
Length of Project Period:	Up to 3 years
Anticipated Start Date	9/30/2024

Proposed budgets cannot exceed \$102,000 in total costs (direct and indirect) in any year of the proposed 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 is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including state universities, private four-year colleges and universities (including those with religious affiliations), minority-serving institutions of higher learning (i.e., Tribal colleges and universities, Historically Black Colleges and Universities, Hispanic-serving institutions and Asian American and Native American Pacific Islander-serving Institutions), and community colleges.

Any institution of higher education receiving an award may carry out activities through

- College counseling centers;
- College and university psychological service centers;
- Mental health centers;
- Psychology training clinics; or
- Institution of higher education-supported, evidence-based, mental health and substance use disorder programs.

Those who have received funding under the following GLS Campus NOFOs are not eligible to apply for funding under this NOFO: SM-18-003 in FY 2018 or FY 2019, SM-21-003, or SM-22-004 in FY 2022 or FY 2023.

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

2. COST SHARING AND MATCHING REQUIREMENTS

This program requires a cost sharing/match under Section 520E-2 of the Public Health Service Act. However, this requirement is waived for minority-serving institutions⁹ and community colleges¹⁰.

You must provide matching funds (directly or through donations from public or private entities) non-federal contributions that are not less than \$1 for each \$1 of federal funds provided in the grant toward the costs of activities carried out with the grant and other activities to reduce mental health and substance use disorders.

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

For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of your cost sharing, or matching when such contributions meet all criteria listed in [45 CFR § 75.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period, or by project period for fully funded awards, even if the projected commitment exceeds the amount required by the statutory match. **Your**

⁹ A minority-serving institution is: (1) a part B institution (as defined in Section 322 (20 U.S.C, 1061)); Historically Black College or University; (2) a Hispanic-serving institution (as defined in section 502 (20 U.S.C. 1101a)); (3) a Tribal College or University (as defined in section 316 (20 U.S.C. 1059c)); (4) an Alaska Native-serving institution or a Native Hawaiian-serving institution (as defined in section 317(b) (20 U.S.C. 1059(b))); (5) a Predominantly Black Institution (as defined in subsection (c)); (6) an Asian American and Native American Pacific islander-serving institution (as defined in subsection (c)); or (7) a Native American-serving non-tribal institution (as defined in subsection (c)).

¹⁰ A Junior or Community College is an institution of higher education that (1) that admits as regular students persons who are beyond the age of compulsory school attendance in the State in which the institution is located and who have the ability to benefit from the training offered by the institution; (2) that does not provide an educational program for which it awards a bachelor's degree (or an equivalent degree); and (3) that— (A) provides an educational program of not less than 2 years that is acceptable for full credit toward such a degree, or (B) offers a 2-year program in engineering, mathematics, or the physical or biological sciences, designed to prepare a student to work as a technician or at the semiprofessional level in engineering, scientific, or other technological fields requiring the understanding and application of basic engineering, scientific, or mathematical principles of knowledge.

failure to provide the statutorily required matching amount may result in the disallowance of federal funds. You must report these funds in the Federal Financial Reports.

The requirement of matching funds may be waived by the Secretary if SAMHSA determines that extraordinary need at the institution justifies the waiver. If you believe such an extraordinary need exists at your institution, a letter must be submitted with the application requesting the waiver and documenting the extraordinary need.

The letter must address and fully respond to each item listed below. If the letter does not fully respond and address each criteria item, the request will not be considered for review.

Financial:

- Documentation by an institutional audit and full disclosure of your total assets and liabilities that you lack the available resources to meet the non-federal matching requirement.
- Document that reasonable efforts to obtain cash or in-kind contributions for the purposes of the project from other resources, local community, and third parties have been unsuccessful. Evidence of such efforts must include letters from possible sources of funding indicating that the requested resources are not available for the grant project.
- Provide the amount of current State and local funds specifically allocated to support campus suicide prevention programming and trainings.

Programmatic:

- Description of severe economic distress of institution and the community that has led to low or decreasing revenues for the college and for local partners that would normally be expected to contribute to the match.
- Description of the impact of the cost on institution if it were to carry out the grant program without the waiver.
- Description of the impact upon the campus and community that would result if the grant were not awarded.
- Provide specific, concise explanation of what steps you have taken to try to provide a match.

3. OTHER REQUIREMENTS

There are no additional requirements for this program.

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 as part of the application 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**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons ID).
 - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2027).
 - In **Line 18** (Estimated Funding) enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
 - **Line 21** is the authorized official and should not be the same individual as the Project Director in line 8f.

New applicants should review the sample of a [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal

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

- **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
- **Section C** – If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.
- **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
- **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2 and Year 3) For example, if funds are being requested for 3 years in total, enter the requested budget amount for each budget period in columns b and c (i.e., 2 out years) - (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

- [Sample SF-424A \(Match Required\)](#)

It is highly recommended that 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 D. (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](#) – 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 Commitment**
Letters of Commitment from organizations that will be partnering in the project. (Do not include any letters of support. Reviewers will not consider them.)
 - **Attachment 2: Data Collection Instruments/Interview Protocols**
You do not need to include standardized data collection instruments/interview protocols in the application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, include 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.4](#).
 - **Attachment 5: Biographical Sketches and Position Descriptions**
See [Section F](#) of the Application Guide - *Biographical Sketches and Job Descriptions* for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.
 - **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 (IRS) most recent list of tax-exempt organizations 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 that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
 - 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: Crisis Response Protocols and/or Crisis Response Plan**
(if applicable, see [Section I.1](#))

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (SAM)

[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

Applications are due by **11:59 PM** (Eastern Time) on **May 6, 2024**.

If you have been granted permission to submit a paper copy, the application must be received by the above date. See [Section A](#) of the Application Guide for information on how to apply.

All applicants MUST be registered with NIH's [eRA Commons](#), [Grants.gov](#), and the System for Award Management ([SAM.gov](#)) in order to submit this application. The process could take up to six weeks. (See [Section A](#) of the *Application Guide* for all registration requirements.)

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

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

- The applicant organization **MUST** be registered in NIH's eRA Commons;
- AND**
- The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project are as follows. Identify these expenses in your proposed budget.

- Food (including snacks and light refreshments) is not an allowable expense.

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) regulations 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 [Section I](#) of the *Application Guide (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 your 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–D below. Your 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–D) may be no longer than **10 pages**.
- You must use the four 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 proposed 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 the area where the project will be implemented and the population(s) that will be impacted. Provide a demographic profile of the population(s) to be served in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status. Discuss the identified mental health and

substance use disorder needs of students at your institution of higher education.

2. Describe the Federal, State, local, and private resources available to meet the student mental health and substance use disorder needs.
3. Describe the need to increase the capacity of your organization to implement, sustain, and improve effective substance use prevention and/or treatment and/or mental health services in your population(s) of focus, including those who are underserved or under-resourced. Include information on the service gaps and other problems related to the need for capacity building. 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.).

**SECTION B: Proposed Implementation Approach
(40 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 outlined in A.1 and A.3 (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).
2. Describe how you will implement all of the Required Activities in [Section I](#).
3. Describe the policies and procedures related to any applicable laws regarding access to, and sharing of treatment records, of students at any campus-based mental health center or partner organization.
4. In **Attachment 4**, provide no more than a two-page chart or graph depicting realistic timeline for the entire 3 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I. **The timeline does not count towards the page limit for the Program Narrative.**

**SECTION C: Staff and Organizational Experience
(15 points – approximately 2 pages)**

1. Describe the experience you have with similar projects and/or providing services to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations.
2. Identify any other organization(s) that will partner with you on this project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Letters of Commitment from each

partner organization must be included in **Attachment 1**. Indicate in your response to this criteria if you are not partnering with any other organizations.

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; 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 D: Data Collection and Performance Measurement (20 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. Describe the plan to evaluate program outcomes, including a description of the proposed use of funds, the project objectives, and how the objectives will be met.

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 [Section K](#) of the *Application Guide – Budget and Narrative* 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 that 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:

- Availability of funds.
- Recipients who received funding under the following GLS Campus NOFOs are not eligible to apply for funding under this NOFO: SM-18-003 in FY 2018 or FY 2019, SM-21-003, or SM-22-004 in FY 2022 or FY 2023.
- 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](#). Review 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 within 90 days of the end of Budget Year 1 and Budget Year 2; and a final Programmatic Performance Report within 120 days after the end of the final budget period. In Year 3, you must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and report on all award activities during the entire project period.

The final Programmatic Performance Report must be cumulative and report on all grant activities during the entire project period.

The report must discuss:

- An updated assessment of the mental health and substance use disorder needs of the individuals served by this project;
- Progress achieved in the project should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress. The report should note updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- A report and project evaluation, including program outcomes, a description of the proposed use of funds, the project objectives, and how the objectives will be or have been met;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving the populations of focus;
- Efforts to overcome these barriers; and
- 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.

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:

Portland Ridley
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1848
Portland.Ridley@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

For review process and application status questions, contact:

Fredris Wiley
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1813
Fredris.Wiley@samhsa.hhs.gov