

Department of Health and Human Services

Substance Abuse and Mental Health

FY 2024 Minority Fellowship Program

(Short Title: MFP)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-009

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by June 10, 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:

System for Award Management (SAM);
Grants.gov; and
eRA Commons.

See [**Section A**](#) of the ***Application Guide*** (Application and Submission Requirements) to begin this process.

Table of Contents

EXECUTIVE SUMMARY	5
I. PROGRAM DESCRIPTION	7
1. PURPOSE.....	7
2. KEY PERSONNEL	8
3. REQUIRED ACTIVITIES.....	8
4. ALLOWABLE ACTIVITIES	11
5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT	12
6. OTHER EXPECTATIONS	13
7. RECIPIENT MEETINGS	16
II. FEDERAL AWARD INFORMATION	16
1. GENERAL INFORMATION	16
2. COOPERATIVE AGREEMENT REQUIREMENTS.....	17
3. OTHER REQUIREMENTS	18
III. ELIGIBILITY INFORMATION.....	18
1. ELIGIBLE APPLICANTS.....	18
2. COST SHARING and MATCHING 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	23

5.	FUNDING LIMITATIONS/RESTRICTIONS	23
6.	INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS	24
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.....	27
VI.	FEDERAL AWARD ADMINISTRATION INFORMATION.....	28
1.	FEDERAL AWARD NOTICES.....	28
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	28
3.	REPORTING REQUIREMENTS	28
VII.	AGENCY CONTACTS	29

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Mental Health Services (CMHS), Substance Abuse Treatment (CSAT), and Substance Abuse Prevention (CSAP) are accepting applications for the fiscal year (FY) 2024 Minority Fellowship Program (Short Title: MFP). The purpose of this program is to recruit, train, and support master's and doctoral-level students in behavioral health care professions to address services disparities for racial and ethnic minority populations.

Recipients are expected to increase the number and quality of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental and/or substance use disorder services to racial and ethnic minority populations.

With this program, SAMHSA aims to reduce behavioral health disparities, advance the quality of mental and substance use disorder prevention and treatment services, and improve health care outcomes for racial and ethnic minority populations.

Funding Opportunity Title:	Minority Fellowship Program (Short Title: MFP)
Funding Opportunity Number:	SM-24-009
Due Date for Applications:	June 10, 2024
Estimated Total Available Funding:	\$15,396,969
Estimated Number of Awards:	Up to 8
Estimated Award Amount:	Up to \$1,924,621 per year per award
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 5 years
Anticipated Project Start Date:	September 30, 2024

Anticipated Award Date:	No later than September 29, 2024
Eligible Applicants:	Eligibility is limited to nationally representative mental health and/or substance use disorder treatment professional organizations within eight professional fields: psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, substance use disorder and addictions counseling, and addiction medicine. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 597 of the Public Health Service Act (42 U.S.C. 290ll) as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to recruit, train, and support master's and doctoral-level students in behavioral health care professions to address services disparities for racial and ethnic minority populations by: (1) increasing the knowledge of mental and/or substance use disorder behavioral health professionals on prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and have a mental or substance use disorder; (2) increasing the number of culturally competent mental and substance use disorder professionals who teach, administer services, conduct research, and provide direct mental and/or substance use disorder services to racial and ethnic minority populations; and (3) improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations.

There is a significant treatment gap and workforce shortage in disenfranchised and minority populations.¹ Existing literature has highlighted the lack of diversity in the current behavioral health workforce and called on the federal government to take a leadership role in addressing the workforce shortage crisis.² Studies also show that many clients prefer racial and ethnically concordant behavioral health providers,³ which is likely to increase the engagement of various communities in behavioral health. Moreover, racial and ethnic minority populations exhibited greater mental health impacts during and after the COVID-19 pandemic with more limited access to treatment and recovery services.⁴

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by [Executive Order 13985](#). Recipients must also serve all individuals equitably and administer their programs in compliance with [federal civil rights laws](#) that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

¹ Mongelli, F., Georgakopoulos, P., & Pato, M. (2020, January 24). Challenges and opportunities to meet the mental health needs of underserved and disenfranchised populations in the United States. *Focus – The Journal of Lifelong Learning in Psychiatry*, 10(1176). <https://doi.org/10.1176/appi.focus.20190028>

² Hoge, M., Stuart, G., Morris, J., Flaherty, M., Paris, M., & Goplerud, E. (2013, November). Mental health and addiction workforce development: Federal leadership is needed to address the growing crisis. *Health Affairs*. <https://doi.org/10.1377/hlthaff.2013.0541>

³ Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537–554. <https://doi.org/10.1037/a0025266>

⁴ Thomeer, M. B., Moody, M. D., & Yahirun, J. (2023). Racial and ethnic disparities in mental health and mental health care during the COVID-19 pandemic. *Journal of Racial and Ethnic Health Disparities*, 10(2):961–976. Epub 2022 Mar 22. <https://doi.org/10.1007/s40615-022-01284-9>

The Minority Fellowship Program is authorized under Section 597 of the Public Health Service Act (42 USC 2011l), as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, even if they do not receive a salary from the project. 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. The Project Director is responsible for oversight of the entire 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 the Project Director, a job description and resume for the proposed replacement must be submitted to SAMHSA for approval.

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.

You are required to carry out each of these activities:

- **Identify and implement recruitment and outreach strategies** to select, support, and provide stipends to a minimum of forty diverse master's and doctoral level students for each of the five years of the grant, committed to improving behavioral health outcomes for racial and ethnic minority populations. Recipients must use recruitment strategies to attract diverse individuals seeking master's and doctoral-level degrees. This would include recruiting individuals from underrepresented populations, e.g., racial and ethnic minority populations. The Fellows should be from the following disciplines:
 - Psychiatry;
 - Psychology;
 - Social work;
 - Marriage and family therapy;
 - Nursing;
 - Mental health counseling;
 - Substance use and addictions counseling; and

- Addiction medicine.
- **Establish a discipline-specific committee to provide consultation and guidance** and assist with program planning, project monitoring, and project evaluation. The committee must meet at least quarterly and include representatives from professionals in the field, behavioral health care consumers, and family members.
- Collaborate and develop **relationships with accredited baccalaureate and post-baccalaureate schools**, including Historically Black Colleges/Universities (HBCUs), Hispanic- Serving Institutions (HSIs), Tribal Colleges/Universities (TCUs), and Asian American, Native American Pacific Islander Serving Institutions (AANAPISIs) – see [Department of Education list](#), throughout the United States to recruit individuals committed to serving racial and ethnic minority populations with, or at risk for mental illness and/or substance use disorders.
- Develop a **national network of professionals** experienced with providing mental and/or substance use disorder services to racial and ethnic minority populations practicing in the selected specialty discipline to serve as mentors and to provide support and assistance to the Fellows.
- Develop and implement a **tracking and monitoring plan** that addresses the following:
 - Fellows' completion of academic requirements
 - Fellows' successful completion of an internship in the selected specialty discipline.
- **Identify internships and employment opportunities for graduating Fellows** in organizations across the country that provide mental and/or substance use disorder services to racial and ethnic minority populations.

(Note: Internships and employment opportunities should prioritize the following settings:

- Community mental health centers and certified community behavioral health clinics
- Federally qualified health centers
- Elementary and secondary education settings
- University counseling centers
- Organizations that serve homeless individuals and those at risk for homelessness

- Integrated primary care and behavioral health settings
- Co-occurring mental health and substance use disorder treatment settings
- Substance use disorder treatment programs, including opioid treatment programs
- Gender-based violence services, e.g., rape crisis, domestic violence centers
- LGBTQI+ centers
- Jails/prisons
- Area agencies on aging
- Forced migrant and human trafficking service organizations
- Indigenous and tribal communities
- Organizations serving persons with or at risk of HIV/AIDS, hepatitis, and sexually transmitted infections
- Community prevention coalitions
- **Provide training to Fellows** on cultural competence when providing mental and substance use disorder care for racial and ethnic minority populations. This must include training in [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#) to ensure that Fellows have competence in implementing CLAS standards in programs where they practice. Training and learning opportunities shall include:
 - The impact of historical, cumulative, and complex trauma on minority communities.
 - The impact that social determinants of health have on minority communities, including increasing risk for substance use and mental health conditions.
 - Barriers and facilitators to seeking and continuing to receive help in minority communities, including the role of stigma.
 - 988 and behavioral health crisis services so that Fellows can be involved in the development of crisis response services that are adapted to engage with and meet the needs of minority communities.
 - Mental health and substance use service provision inequities concerning gender-based violence (domestic violence, sexual assault, and stalking),

human trafficking, and women's behavioral health.

- Mental health and substance use service provision inequities in mobile populations (immigrants, refugees, asylum seekers), Indigenous and tribal communities, LGBTQI+ populations, justice-involved populations, homeless populations, children and adolescents, and older adults.
 - Trends in suicide rates and risks in minority populations, as well as promising prevention and intervention strategies for suicide.
 - Trends in substance use and overdose in minority populations, as well as promising prevention and intervention strategies for substance use.
- **Collaborate with the SAMHSA MFP Coordinating Center** to enhance the effectiveness and visibility of the program.

4. ALLOWABLE ACTIVITIES

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

- Create a behavioral health workforce pathways program that provides outreach and education and raises awareness of behavioral health employment and career opportunities and training pathways for high school, community college, vocational/technical trade school students who desire to provide services to individuals from racial and ethnic minority communities. This program would also:
 - Provide assistance with career-building opportunities (e.g., training programs, mentorship, internships, research opportunities, shadowing professionals in the field).
 - Develop, maintain, and distribute (free of charge) promotional materials and related documents (e.g., program brochures, training announcements).
- Develop and implement a tracking and monitoring plan that addresses the duration of Fellows' two-year employment requirement in communities that provide mental health and substance use services to underserved racial and ethnic minorities. You may request that each Fellow's two-year requirement be attested to by the Fellow's employer.
- Work collaboratively with SAMHSA programs and federal partners (e.g., Health Resources and Services Administration [HRSA], National Health Services Corps; SAMHSA's Primary and Behavioral Health Care Integration Technical Assistance [TA] Center; SAMHSA's Historically Black Colleges and Universities Center for Excellence in Behavioral Health [HBCU-CFE]; SAMHSA's Technology Transfer Centers [TTCs]; SAMHSA's National Training and Technical Assistance Center

for Child; Youth, and Family Mental Health, SAMHSA's Office of Behavioral Health Equity; Department of Justice [DOJ]/Office for Victims of Crime and DOJ/Office of Violence Against Women; Health and Human Services [HHS]/Administration for Children and Families [ACF]/Family Youth Services Bureau; HHS/ACF/Office on Trafficking of Persons) to foster training and employment opportunities. More resources can be found on [SAMHSA's Practitioner Training webpage](#).

- Encourage students in schools of behavioral health disciplines to specialize in areas where personnel shortages frequently occur within underserved minority communities (e.g., treatment for people with serious mental illness/serious emotional disturbance; child/adolescent, geriatric, women's, and refugee and migrant mental health and substance use services; mental health and substance use services for minority communities in inner cities and rural areas; services or treatment for minority persons, including LGBTQI+, with mental and substance use disorders).
- Partner with harm reduction organizations to address the overdose crisis and low-barrier access to substance use disorder services.

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

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

- Number of people in the mental health and related workforce trained in mental health-related practices/activities consistent with the goals of the grant.
- Number of people newly credentialed/certified to provide mental health-related practices/activities that are consistent with the goals of the grant.

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

You 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.⁵ 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

⁵ [“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.

- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

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

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

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support*: peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- *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.

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

Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health DIS no later than 60 days after award. See [Section G of the Application Guide](#). Progress and evaluation of DIS activities must be reported in the 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 [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](#))

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. You should consider prioritizing this population for services, where appropriate.

Inclusion of People with Lived Experience Policy

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

Behavioral Health for 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 face, you are encouraged to address the behavioral health needs of this population in designing and implementing your programs.

Behavioral Health Crisis and Suicide Prevention

Recipients 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 annual in-person meetings. You must send no more than two people (including the Project Director) to these meetings. You must include a detailed budget and narrative for this travel in your budget. These meetings are usually held in Washington, D.C. for up to three days. If SAMHSA elects to hold a virtual meeting, budget revisions will be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	\$15,396,969
Estimated Number of Awards:	8
Estimated Award Amount:	Up to \$1,924,621 per year per award
Length of Project Period:	Up to 5 years
Anticipated Start Date:	September 30, 2024

Proposed budgets cannot exceed \$1,924,621 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

2. COOPERATIVE AGREEMENT REQUIREMENTS

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

Role of Recipient:

The Recipient must:

- Comply with the terms and conditions of the cooperative agreement and the Notice of Award (NoA).
- Collaborate with SAMHSA staff in project implementation and monitoring.
- Submit performance measures data via SAMHSA's SPARS.
- Collect all required implementation and outcome metrics.
- Submit all required progress and financial reports to SAMHSA.
- Engage with the SAMHSA-identified Technical Assistance Center assigned to this award.
- Attend and participate in monthly calls with the Government Project Officer (GPO) on progress and challenges. The meetings will include key personnel and the GPO.
- Attend in-person joint recipient meeting annually.

Role of SAMHSA Staff:

The GPO will have overall programmatic responsibility for monitoring the conduct and progress of recipient sites, including conducting site visits. The GPO will provide substantial input, in collaboration with the recipients, both in the planning and implementation of the program and in evaluation activities and will make recommendations regarding program continuance. In addition, GPOs will participate in the publication of results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

- Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- Recommend outside consultants for training, site specific evaluation and data collection.

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

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

3. OTHER REQUIREMENTS

There are no additional requirements for this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is limited to nationally representative mental health and/or substance use disorder treatment professional organizations within eight professional fields: psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, substance use disorder and addictions counseling, and addiction medicine.

For the purpose of this NOFO, SAMHSA defines nationally representative mental health and/or substance use disorder treatment professional organizations as non-academic, groups (also known as professional guilds, professional bodies, or professional associations). They exist to advance a particular profession, support the interests of people working in that profession, and serve the public good.

The nationally representative mental health and/or substance use disorder treatment professional organizations shall:

- Facilitate innovation, communication, and connection;
- Support post-baccalaureate training (i.e., master's and doctoral degrees);
- Have the infrastructure and expertise to identify candidate Fellows and carry out program activities;

- Have geographically disbursed infrastructure and professional membership to operationalize the MFP nationwide; and
- Have close ties to colleges and universities with degree programs in that field.

SAMHSA will make only one award to a nationally representative mental health and/or substance use disorder treatment professional organization for each of the eight disciplines above. An organization can propose to address more than one discipline but will need to submit a separate application for each discipline. The highest-scoring application for each of the eight disciplines will be awarded.

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in 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 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 Username).

- In **Line 17** (Proposed Project Date) enter: a. Start Date: 09/30/2024; b. End Date: 09/29/2029.
- In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
- **Line 21** is the authorized official and should not be the same individual as the Project Director in line 8F.

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: Since cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.
 - **Section B** – Budget Categories: 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** – Since cost sharing/match is **not required**, leave this section blank.
 - **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (i.e., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years in total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., four out years). (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

- [Sample SF-424A \(No Match Required\)](#)

It is highly recommended 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.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 8**

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**
Submit Letters of Commitment from other organizations you will partner with and describe their experience with similar projects and their specific roles and responsibilities. If you are not partnering with any other organization(s), indicate so in your response.
- **Attachment 2: Data Collection Instruments/Interview Protocols**
You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.
- **Attachment 3: Sample Consent Forms**
Include, as appropriate, informed consent forms for: service intervention; exchange of information, such as for releasing or requesting confidential information.

- **Attachment 4: Project Timeline**
Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in [Section V, B.3](#).
- **Attachment 5: Biographical Sketches and Position Descriptions**
See [Section F](#) of the Application Guide - Biographical Sketches and Position Descriptions for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages in total.
- **Attachment 6: Letter to the State Point of Contact**
Review information in [Section IV.6](#) and see [Section I](#) of the Application Guide (Intergovernmental Review) for detailed information on E.O. 12372 requirements to determine if this applies.
- **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**
This **required** attachment is in response to [Section C](#) of the Application Guide and reviewers will assess the response.
- **Attachment 8: Documentation of Non-profit Status**
Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:
 - A reference to the applicant organization’s listing in the Internal Revenue Service’s (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 Internal Revenue Service tax exemption certificate.
 - A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has non-profit status.
 - A certified copy of the applicant organization’s certificate of incorporation or similar document that establishes non-profit status.
 - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

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 June 10, 2024.

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

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

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

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

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

AND

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

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food is an unallowable expense.
- The indirect cost rate may not exceed **8 percent** of the proposed budget. Even if

an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000. ([45 CFR Part 75.414](#))

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

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

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

7. OTHER SUBMISSION REQUIREMENTS

See [Section A](#) of the *Application Guide* for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what 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 requirements in Sections A–D.

In developing the Project Narrative, use these instructions.

- The Project Narrative (Sections A–D) together 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 indicate that 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 questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. **Reviewers will only consider information included in the appropriate**

numbers criterion.

- Your application will be scored according to 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 of your Project Narrative. Although scoring weights are not assigned to individual bullets, 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 (20 points approximately 2 pages)

1. Identify the discipline you have selected and describe the need for additional graduate and doctoral-level professionals in this field to provide mental or substance use disorder services to underserved racial and ethnic minority populations.
2. Describe the need for an improved capacity to implement, sustain, and improve effective mental health and/or substance use services that is consistent with the purpose of the NOFO. Describe the service gaps, barriers, and other problems related to increasing the number of culturally competent behavioral health care professionals serving underserved racial and ethnic minority populations.

SECTION B: Proposed Implementation Approach (35 points – approximately 5 pages, not including Attachment 4 - Project Timeline)

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

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

2. Describe how you will implement all the Required Activities in [Section I](#).

3. In **Attachment 4**, provide no more than a 2-page chart or graph depicting a realistic timeline for the entire five years of the project, showing dates, key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Project Narrative.]**

SECTION C: Staff and Organizational Experience (30 points – approximately 2 pages)

1. Identify any other organizations you will partner with and describe their experience with similar projects and their specific roles and responsibilities. If applicable, Letters of Commitment from each partner must be included in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response in Attachment 1.
2. 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(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under resourced populations.

SECTION D: Data Collection and Performance Assessment (15 points – approximately 1 page)

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

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

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

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

3. REVIEW AND SELECTION PROCESS

Applications are [peer-reviewed](#) according to the evaluation criteria listed above.

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

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

- Approval by the Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment National Advisory Councils.
- Only one award will be made for each of the eight disciplines. A separate application must be submitted if an applicant chooses to address more than one discipline.
- Availability of funds.
- Submission of any required documentation that must be submitted 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, which 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

You must submit a Project Performance Report (PPR) annually within 90 days of the end of each budget period. **All PPRs must be submitted in eRA Commons using a standardized template (OMB Control Number 0930-0395).**

PPRs 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
- The impact of the training and technical assistance on the provider community including practice improvement, improved capacity, and knowledge transfer. This should ideally be done using a dissemination and implementation science framework, such as RE-AIM or PRISM, etc.

- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

You must submit a final PPR within 120 days after the end of the final budget period. This report must be cumulative and report on 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:

Eric Weakly
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-1303
Eric.Weakly@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1400
FOACMHS@samhsa.hhs.gov

For grant review process and application status questions, contact:

Gabriela Porter
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1675
Gabriela.Porter@samhsa.hhs.gov