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

FY 2024 Prevention Technology Transfer Centers Cooperative Agreements

(Short Title: PTTC)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SP-24-002

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by April 24, 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.*

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

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for the fiscal year (FY) 2024 Prevention Technology Transfer Centers (PTTC) program. The purpose of this program is to maintain and enhance the PTTC Network to provide training and technical assistance services to the substance misuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community that serve and support children, youth, young adults, families, parents, and other adults. Recipients will be expected to work directly with SAMHSA and across the PTTC Network on activities aimed at improving the implementation and delivery of effective substance misuse prevention interventions. With this program, SAMHSA aims to increase the competency level of the prevention workforce and the number of people trained in substance misuse prevention science practices.

Funding Opportunity Title:	Prevention Technology Transfer Centers Cooperative Agreements (Short Title: PTTC)
Funding Opportunity Number:	SP-24-002
Due Date for Applications:	April 24, 2024
Estimated Total Available Funding:	$8,134,816
Estimated Number of Awards:	11
Estimated Award Amount:	Up to $739,529 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Up to five (5) years
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024

Eligible Applicants:	Domestic public and private non-profit entities See Section III-1 for complete eligibility information.
Authorizing Statute:	Section 516(a)(2) of the Public Health Service Act, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to maintain and enhance the capacity of the PTTC Network to provide training and technical assistance services to the substance misuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community that serve and support children, youth, young adults, families, parents, and other adults. The PTTC Network will serve as the lead training and technical assistance authority for substance misuse prevention services nationally. PTTCs will include a focus on advancing equity for underserved, under-reached populations, both in content development of prevention skills and modalities for the transfer of skills which may be significantly different for culturally diverse and historically under-reached populations.

The burden of lives lost prematurely due to substance use and substance use disorders is vast yet preventable. Results from the 2022 National Survey on Drug Use and Health (NSDUH) show that 48.7 million (17.3%) people aged 12 or older had a substance use disorder in the past year. NSDUH also shows that 29.5 million (10.5%) had an alcohol use disorder in the past year and 27.2 million (9.7%) had a drug use disorder. Among people aged 12 or older with a past year drug use disorder, 6.1 million (2.2%) had an opioid use disorder. Additionally, overdose deaths, driven primarily by illicit synthetic opioids such as fentanyl and the resurgence of stimulants such as methamphetamine, remain at historically high levels in the U.S., with approximately 107,000 overdose deaths in 2022.

Research has repeatedly shown that abstaining from substance use is the best prevention method. However, many different genetic, fiscal, social, physical, community, and environmental factors influence an individual's risk for engaging in health risk behaviors such as using substances. In addition, the earlier substances misuse occurs, the greater likelihood for health harms over the lifespan, including development of a substance use disorder. Therefore, a major effort in the primary prevention field is focused on preventing initiation of substance use as well as delaying the age of initiation of drug use for as long as possible, ideally after the human brain is fully developed to reduce the potential for adverse outcomes.

Prevention practitioners across the U.S. play a pivotal role in improving the quality of life for individuals, families, and communities across the nation by implementing evidence-based practices, community-based processes, and environmental strategies to prevent and delay the onset of substance use and progression of substance misuse. To achieve this aim, CSAP must provide mechanisms for the prevention workforce to acquire state-of-the-art and cutting-edge training and technical assistance rooted in prevention science and implementation science without creating a financial hardship for those working within this under-resourced, yet critical area of behavioral and public health.

Through the funding of this effort, SAMHSA expects to support activities focused on: 1) developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts (for additional information see the following: https://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress); 2) providing technical assistance and learning resources to prevention professionals to improve their understanding of prevention science, capabilities to use epidemiological data to guide prevention planning, and skills for selecting and implementing evidence-based and promising prevention practices; 3) developing tools and resources to engage the next generation of prevention professionals; and 4) facilitating a Prevention Fellowship Program. The intent of these efforts is to increase capacity, skills, and expertise to ensure and/or enhance delivery of effective substance misuse prevention interventions, trainings, and other prevention activities.

Recipients will be expected to work directly with SAMHSA and across the PTTC Network on activities aimed at improving implementation and delivery of effective substance misuse prevention interventions. The trainings and services will be based in prevention science, implementation science, use evidence-based and promising practices, and leverage the expertise and resources available through the alliances formed within and across the PTTC network. With this program, SAMHSA aims to increase the competency level of the prevention workforce by increasing the number of certified prevention specialists and the number of people trained in substance misuse prevention science practices.

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

The Prevention Technology Transfer Centers Cooperative Agreements are authorized under Section 516 of the Public Health Service Act, 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 execution of the project and should reflect SAMHSA's expectation of diversity, equity, and inclusion in the selection of staff. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

Key Personnel for this program are the Project Director and the Project Coordinator.

The Project Director is responsible for overseeing, monitoring, and managing of the project and must have a level of effort of at least **10 percent.**

- The Project Coordinator is responsible for handling the day-to-day operations in coordinating and delivering training and technical assistance activities through the PTTC Network Coordinating Center or the respective Regional Centers. The Project Coordinator must have a **100 percent** level of effort.

If you receive an award, you will be notified if the individuals designated for these positions have been approved. If recipients 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 of the required activities listed below.

Recipients are required to carry out each of these activities.

PTTC National Coordinating Center Required Activities:

Technical Assistance Delivery

- Develop and implement a coordinated and integrated Network approach for the identification of national, state, and local technical assistance needs and delivery of **training and technical assistance** by the ten PTTC Regional Centers to strengthen the impact of the overall program and prevent duplication of efforts. At least 40% of training and technical assistance should be targeted technical assistance.

- Create an **engagement strategy** that will be periodically updated with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached, etc.). This strategy should include the following: segment the market users for this center, use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand, and readily applicable.

- Develop and submit a **communication plan and marketing plan** within 120 days of the award. In subsequent years, update and submit the plan for approval by the Government Project Officer (GPO) at the beginning of each budget period which describes the intent to regularly promote activities and services and conduct outreach to diverse audiences. For year one and beyond, the plan must include coordinating with other SAMHSA Technology Transfer Center (TTC) networks to rename and rebrand the TTC program while taking into consideration feedback from stakeholders (e.g., physical and behavioral health professionals,

states, communities, provider organizations, etc.). The plan should include specifying the strategies and timelines for the PTTC network plans to reach diverse stakeholders and measure the results of those efforts. The plan should discuss outreach to stakeholders such as parents and family members, community members, educational institutions, and health care providers. The plan should also discuss working with other SAMHSA-funded TTCs and Centers of Excellence (COEs) and similar training and technical assistance programs funded by other Health and Human Services (HHS) agencies or departments (e.g., Defense, Justice, Education, etc.).

- Maintain an **inventory of and serve as a clearinghouse** for PTTC products such as (e.g., toolkits, webinars, podcasts, publications, newsletters, blogs, curricula, trainings, distance learning programs, interactive resources, mobile apps, presentation slides, etc.). This includes resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products to stakeholders in the field. All products must be shared with SAMHSA on a monthly basis for archiving in a SAMHSA designated repository.

- Maintain, enhance, and expand the existing **e-learning environment** to ensure access throughout the PTTC Network.

- Use **innovative technology transfer strategies** to promote the use of culturally and linguistically appropriate, evidence-based, culturally adapted, and community defined evidence practices. Use strategies to disseminate relevant research findings in the areas of prevention services for substance use disorders across the lifespan. Strategies must include, among other approaches, curricula, and other learning events, delivered face-to-face and/or via the internet. This also includes the development of new curricula as needed for the field, e.g., storytelling curriculum, etc.

- Develop **Continuous Quality Improvement (CQI) methods** to improve the delivery of training and technical assistance therefore improving participants' knowledge and skills outcomes.

- Provide and maintain **culturally and linguistically appropriate** internet-based information and resources to cover the developmental lifespan.

- Provide **oral interpretation** in trainings and technical assistance, as needed.

- Provide **written translation** of critical center products in consultation with SAMHSA.

- **Serve as a resource** for community-based and faith-based organizations, community groups, consumers and family members, and other stakeholders, including racial/ethnic or Lesbian, Gay, Bisexual, Transgender,

Queer/Questioning and Intersex+ (LGBTQI+)-specific organizations, on the prevention of substance use disorders.

- Develop a new or enhance an existing **environmental scan** of psychosocial resources. Work across technical assistance (TA) centers or other TTCs with enhancements that are beneficial to SAMHSA staff.

Leadership and Collaboration

- Serve as the **focal point for the PTTC Network** and provide leadership, infrastructure, and support for the ten PTTC Regional Centers in identifying and facilitating cross-network and regional-wide activities. These activities will promote the adoption of evidence-based, promising, culturally adapted, and emerging substance misuse prevention practices, policies, and programs, educational standards, and other skills and learnings of importance to the substance misuse prevention field.

- Establish a process to identify and track **specialized areas of focus** of each Regional Center and ensure resources developed on the specialized area are shared across the Network. The recipient will work with SAMHSA to ensure these areas of focus do not duplicate other SAMHSA efforts.

- Establish a **PTTC Steering Committee** to develop Network-wide strategic priorities, in collaboration with SAMHSA, to set direction and policy for the overall Network, and review progress in meeting goals and objectives. At a minimum, the Steering Committee must include the key personnel (i.e., Project Coordinators from the PTTC Regional Centers) and should include prevention experts, community leaders, end-users and recipients of prevention services, including representatives from underserved communities and people with lived experience of substance misuse.

- Facilitate and **coordinate communication and collaboration** among the PTTC Regional Centers by maintaining Network-wide intranet and communication resources (e.g., electronic discussion lists, information/data collection instruments).

- Coordinate **TA efforts** with all relevant SAMHSA-funded training/TA entities, local, state, and/or national organizations to help build knowledge and skills in substance misuse prevention and the capacity to address disparities in the access, use, and outcomes of behavioral health prevention.

- Collaborate with other SAMHSA supported technical assistance programs, such as the other TTCs, the Strategic Prevention Technical Assistance Center, the Tribal Technical Assistance Center, Rural Opioid Technical Assistance Center, and others (see the following: https://www.samhsa.gov./practitioner-training) to identify opportunities for fostering regional and national alliances among individuals and agencies delivering substance misuse prevention services and

ensure a **coordinated approach** to delivering training and technical assistance to SAMHSA.

- Participate in a **cross-network workgroup** coordinated by SAMHSA. Topic areas may vary but will ultimately work to advance equity across the behavioral health field.

  NOTE: Agencies must apply open licenses, in consultation with the best practices found in Project Open Data, to information as it is collected or created so that if data are made public there are no restrictions on copying, publishing, distributing, transmitting, adapting, or otherwise using the information for non-commercial or for commercial purposes.

PTTC Regional Centers Required Activities:

Technical Assistance Delivery

- Serve as a **national and regional technical assistance resource** for prevention professionals and others in the prevention field by developing and testing tools and resources to improve the quality of interventions, trainings, and other prevention services.

- Provide **training and technical assistance** to the substance misuse prevention field on issues including, but not limited to:

  - Implementation of evidence-based and promising prevention strategies;
  - Use of the Strategic Prevention Framework;
  - Use of epidemiological data to inform prevention strategies;
  - Implementation of prevention science;
  - Engagement of the medical community;
  - Engagement of other community-based systems that are more approachable to diverse communities, such as the faith-based community; natural helpers in the communities (e.g., barbers and salons; libraries and community recreational centers), and are trusted messengers in communities;
  - Development of comprehensive community prevention activities;
  - Strategic messaging to reduce stigma that is targeted to population-specific communities;
  - Message development on substance misuse prevention, including alcohol, marijuana, and tobacco use; and
  - Use of media campaigns, culture-specific media and in-language campaigns and social marketing, including ethnic/culture-specific marketing platforms.

- Provide training and technical assistance using innovative e-learning environments that are accessible on various platforms such as smartphones, tablets, and personal computers. Consider innovative training and technical

assistance techniques that are grounded in prevention science to address needs. Share training and technical assistance courses, technologies, and innovative ideas with the National Coordinating Center to multiply overall audience reach.

- Within two months of the beginning of each year of the project, conduct a **needs assessment** to inform a regional workplan.

- Create an **engagement strategy** that will be periodically updated with engagement targets (e.g., who attends events, statistics tracking participation, who is showing up, who is not being reached, etc.). This strategy should include the following: segment the market users for this center, use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand, and readily applicable.

- Develop a **communication plan** which describes the intent to regularly promote activities and services and conduct outreach to diverse audiences. Maintain an inventory of, and serve as a clearinghouse for, prevention products (curricula, trainings, distance learning programs, etc.). This includes resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products to stakeholders in the field.

- Use **innovative technology transfer strategies** to promote the use of culturally and linguistically appropriate, evidence-based, culturally adapted, and community defined evidence practices, and to disseminate relevant research findings in the areas of prevention services for substance use disorders across the lifespan. Strategies must include, among other approaches, curricula, and other learning events, delivered face-to-face and/or via the internet. This also includes the development of new curricula as needed for the field, e.g., storytelling curriculum, etc.

- Develop data-driven **Continuous Quality Improvement methods** to improve the delivery of training and technical assistance therefore improving participants knowledge and skills outcomes.

- **Serve as a resource** for community-based and faith-based organizations, recovery community groups, consumers and family members, and other stakeholders, including racial/ethnic or Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex+ (LGBTQI+)-specific organizations on the prevention and treatment of mental and substance use disorders.

- Provide and maintain **culturally and linguistically appropriate** internet-based information and resources to cover the developmental lifespan.

- Provide **oral interpretation** in trainings and technical assistance, as needed.

- Provide **written translation** of critical center products in consultation with SAMHSA.

Collaboration and Communication

- Promote **regional and local communication and collaboration** for the purpose of supporting SAMHSA's workforce development and quality improvement missions, goals, and objectives. Ensure close coordination of training with SAMHSA's other regional TA efforts.

- Closely monitor communications and **actively participate** in PTTC Network activities, including the sharing of developed resources.

- To the extent possible, **avoid duplication of effort and maximize the impact** of activities and services within the region by coordinating activities with the National Coordinating Center, the other PTTC Regional Centers, other SAMHSA-funded TA centers, such as other TTCs, the Strategic Prevention Technical Assistance Center, the Tribal Technical Assistance Center, and the Rural Opioid Technical Assistance Center, key stakeholders and related organizations, and other HHS training centers focused on issues about substance misuse prevention or closely related topics.

- Participate in **cross-regional and/or Network-wide activities** coordinated by the PTTC National Coordinating Center to promote the adoption of evidence-based and promising prevention strategies, culturally adapted, community defined, educational standards, and other topics of importance to the substance misuse prevention field.

- Adhere to **overall Network guidance** related to the policies established by the PTTC Steering Committee.

- Support the overall Network **cross-network and regional-wide workgroup** activities by contributing to the overall goals and objectives of each group.

- Participate in a **cross-network workgroup** coordinated by SAMHSA. Topic areas may vary but will ultimately work to advance equity (e.g., developing innovative TA for professionals to involve and engage underserved populations in prevention programming, developing culturally relevant TA for prevention professionals who are members of underserved populations and/or serving underserved populations) across the behavioral health field.

- **Coordinate TA efforts** with all relevant SAMHSA-funded training/TA entities, local, state, and/or national organizations to help build knowledge and skills in substance misuse prevention and the capacity to address disparities in the access, use, and outcomes of behavioral health prevention.

Advancing the Prevention Field

- Identify a **prevention subject area of special expertise** and describe how these specialty prevention technical assistance and training resources will be offered. Note that this is in addition to providing requested resources in evidence-based and promising prevention strategies. This area of special expertise must be available nationally through training mechanisms that can include webinars, virtual courses, online training and TA through answering queries from providers and partners in the field about the specific area identified by the PTTC. Coordination of specialized areas of focus must be done with the National Coordinating Center. Examples of specialized topic areas include:
    - Leveraging healthcare payment strategies, including innovative strategies such as Centers for Medicare and Medicaid Services (CMS) waivers and alternative payment models, to support sustainable funding for community-based prevention strategies;
    - Implementation science;
    - Use of Prescription Drug Monitoring Programs (PDMP) and other epidemiological data to plan for service needs;
    - Naloxone training for first responders and other stakeholders;
    - Family opioid overdose prevention and response training;
    - Cannabis, cannabidiol, and other cannabinoid-related risk education;
    - Environmental scans for misused substances and outreach development based on these scans;
    - Risks of alcohol misuse over the lifespan and alcohol prevention policy;
    - Pain management, including non-opioid alternatives;
    - Risk of tobacco use particularly for those with co-occurring disorders;
    - Risk of methamphetamine and other stimulant use;
    - Tracking medical and non-medical legalization of various drugs;
    - Data collection;
    - Grant writing;
    - Conducting process and outcome evaluations; and
    - Leadership training.

  (Other topics will be considered if a need arises based on the need of the field or region.)

- Implement a **Prevention Fellowship Program (PFP**) by developing and sustaining a well-trained and knowledgeable cadre of prevention professionals who understand and exemplify the principles and best practices of substance misuse prevention and prepare fellows to achieve certification from the International Certification and Reciprocity Consortium (IC&RC) Certified Prevention Specialist (CPS) exam. Priority for Fellows selected into the program should be given to members of underserved populations as defined in E.O. 13895. At least one Fellow should be funded during each year of the project.

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so that if data are made public there are no restrictions on copying, publishing, distributing, transmitting, adapting, or otherwise using the information for non-commercial or for commercial purposes.

4. ALLOWABLE ACTIVITIES

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

PTTC National Coordinating Center Allowable Activities:

- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of substance misuse prevention and substance use disorders services, including working with International Certificate & Reciprocity Consortium (IC&RC) and academic institutions that train and educate students in this field.

- Develop and provide training and other resource materials for a variety of audiences and populations (e.g., human resource managers, administrators and state/territory agency staff, consumers, parents and other caregivers, etc.).

- Develop strategies and materials to enhance recruitment and retention of substance use prevention practitioners, including those who work with underserved and under-resourced populations.

- Provide training to staff at multiple levels: system, community, etc. in the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS).

Regional PTTC Centers Allowable Activities:

- Assist states and communities in the region with pursuing and promoting state- and community-level systems integration and practice change.

- Assist providers in the region with developing and implementing plans for sustainability when federal or other sources of funding end.

- Develop and provide training and other resource materials for a variety of audiences and populations (e.g., human resource managers, administrators and state/territory agency staff, consumers, parents and other caregivers, etc.).

- Develop, implement, and/or participate in activities aimed at upgrading standards of professional practice for providers of substance use disorders and prevention, services, including working with academic institutions that train and educate students for these professions.

- Develop strategies and materials to enhance recruitment and retention of substance use prevention practitioners, including those who work with underserved and under-resourced populations.

- Provide training to staff at multiple levels: system, community, etc. in the National Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards.

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.

The following data will be entered in SAMHSA's Performance Accountability and Reporting System (SPARS) using the Training and Technical Assistance (TTA) Program Monitoring tool:

1. Event Description data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered into SPARS within 7 days after each event using the event description form.
2. Voluntary survey data from participants after each event using the TTA Post Event form. Anonymous voluntary survey responses must be entered in SPARS within 7 days after the event.
3. Follow-up survey data for events that are longer than three hours. For participants who agree to be contacted, the TTA Follow-Up form will be used 60 days after the end of the event. The data must be entered into SPARS 120 days after the event.

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

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.

You will also be expected to collect and report on the following data (must be disaggregated by types of activities, race and ethnicity and language when possible):

- The number of individuals trained in substance misuse prevention topics.
- The number of activities aimed at educating the prevention workforce and community.
- The extent to which individuals were satisfied with the overall quality of the event.
- The extent to which individuals expected the event to benefit them or their community.
- The extent to which individuals expected the event to improve their ability to work effectively.
- The number of individuals who indicate intent to adopt a new strategy, resource, or approach into their prevention work.
- The extent to which individuals would recommend the event to a friend or colleague.

If deemed necessary by SAMHSA, recipients are required to participate in a multi-site evaluation in partnership with evaluation contractors and other SAMHSA-funded training and technical assistance recipients. You will be provided with additional requirements on the scope and expectations of the evaluation upon award.

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 you to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to of improve

behavioral health.[1] These are part of SAMHSA's core principles as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

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

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- 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; and
- 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 lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- C*ollaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;

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

- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[2]

It is critical for recipients to promote the linkage to recovery and resilience for 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.

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*)

Tribal Behavioral Health Agenda

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

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. 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 faces, 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 virtual recipient meetings and expects you to fully participate in these meetings. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$8,134,816
Estimated Number of Awards:	11
Estimated Award Amount:	Up to $739,529 per year, inclusive of indirect costs
Length of Project Period:	Up to five (5) years
Anticipated State Date:	September 30, 2024

Proposed budgets cannot exceed $739,529 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.

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:

1) Comply with terms and conditions of the cooperative agreement award, and

2) Collaborate with SAMHSA staff in project implementation and monitoring.

In addition, the recipient must:

1) Submit performance measures data via SAMHSA's SPARS.
2) Submit biweekly updates.
3) Submit bimonthly reports.

4) Submit copies of all resources on a Monthly basis.

Role of SAMHSA Staff:

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS) and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPOs will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will**:**

1) Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
2) Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
3) Recommend outside consultants for training, site specific evaluation and data collection.
4) Maintain regular communication with recipients through routine conference calls and the provision of technical assistance and consultation.
5) Oversee development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
6) Review and approve all key personnel.
7) Review and approve performance data and progress reports.

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

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private non-profit entities. For example:

- Public or private universities and colleges.
- States and Territories, including the District of Columbia, political subdivisions of states.
- Other public or private non-profit entities.
- Federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, and consortia of tribes or tribal organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of AI/ANs which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of AI/ANs in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

An organization may apply for both a PTTC Regional Center and the PPTC National Coordinating Center. However, a separate application must be submitted for each Center. **Organizations applying for a PTTC Regional Center must be located in one of the States that is part of the selected HHS Region.** If an applicant submits a high scoring application for a Regional Center and the National Center, both applications could be funded.

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

2. COST SHARING and MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

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 Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.
  - 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: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

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

  - **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

  - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years in total, enter the requested budget amount for each budget period

in columns b, c, d, and e (i.e., 4 out years). — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

Sample SF-424A (No Match Required)

It is highly recommended 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***
    Include Letters of Commitment from any organization(s) 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 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, sample consent forms that provide for: (1) informed consent for participation in the training and (2) informed consent for participation in the data collection component of the project.

- ***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 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 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 a non-profit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status; or
- 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/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 applications no later than 11:59 PM (Eastern Time) on **April 24, 2024.** If an organization is submitting more than one application, the project title should be different for each application.

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

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.** The process could take up to 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 SUCCESSFULLY COMPLETED TO SUBMIT AN APPLICATION:

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

  AND

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

No exceptions will be made.

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

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your 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 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 geographic area where the project will be implemented and the population(s) of focus [training and/or technical assistance (TA) recipients] that will be impacted by this project, including underserved and historically under-resourced populations to the extent possible.
2. Provide a demographic profile of the population(s) of focus in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

3. Describe the service gaps, barriers, and other problems related to the need for training and/or TA with the population(s) of focus in the proposed geographic area. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index, etc.).

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

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

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

2. Describe how you will implement 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 (5)** years of the project period showing dates, key activities, and responsible staff. **[NOTE: The timeline does not count towards the page limit for the Program Narrative.]**

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

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing training/TA to the population(s) of focus at the national, state, and or local level. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.

2. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If applicable, include Letters of Commitment from each partner in **Attachment**

1. If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Coordinator) and other significant personnel. For each staff member describe their:
    - Role;
    - Level of effort; 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 Measurement (10 points – approximately 1 page)

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

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

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

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

3. REVIEW AND SELECTION PROCESS

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

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

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

- Approval by the Center for Substance Abuse Prevention National Advisory Council (NAC) when the award is over $250,000.
- Availability of funds;
- Submission of any required documentation that must be received prior to making an award;
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

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

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and 2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the *Application Guide, Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this

when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office for Civil Rights website.

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

3. REPORTING REQUIREMENTS

(1) Recipients must conduct an annual needs assessment and develop an annual implementation workplan. The annual implementation workplans must be submitted to the GPO within two months of the beginning of each budget period.

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

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable)
- Progress (qualitative and quantitative) achieving goals and objectives and implementing evaluation activities
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges
- Problems encountered providing TA to the populations of focus and efforts to overcome them
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.
- A revised quality improvement plan if the DIS does not meet quality-of-care requirements as stated in the DIS.
- Based on data collected, an evaluation of the program and a revised implementation plan if services delivered are not meeting the goals in the submitted plan.

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 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:

Thia Jasmine Walker, DrPH, MPH, CPM
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
(240) 276-1835
thia.walker@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For grant review process and application status questions, contact:

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