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

Syndemic Approach to Preventing HIV and Substance Use Among Racial and Ethnic Minority Communities

(Short Title: Syndemic Approach to Prevention [SAP])

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SP-24-004

Assistance Listing Number: 93.899

Key Information:

Application Deadline	**Applications are due by August 28, 2024.**
FY 2024 NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I* of the Application Guide.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes**: 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See *Section A* (Application and Submission Requirements) of the Application Guide 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 Syndemic Approach to Preventing HIV and Substance Use Among Racial and Ethnic Minority Communities (Short Title: Syndemic Approach to Prevention (SAP) program. The purpose of the SAP program is to advance equity in health outcomes for racial and ethnic minority communities, especially all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals in the South who are experiencing disparities related to HIV/AIDS, viral hepatitis (VH), sexually transmitted infections (STIs), substance use and substance use disorders (SUDs), and/or mental health conditions. Recipients will be expected to use a syndemic approach for preventing adverse behavioral health outcomes among the population of focus. With this program, SAMHSA aims to improve behavioral health outcomes for individuals at risk for, or living with, HIV in racial and ethnic minority communities.

Funding Opportunity Title:	Syndemic Approach to Preventing HIV and Substance Use Among Racial and Ethnic Minority Communities (Short Title: Syndemic Approach to Prevention [SAP])
Funding Opportunity Number:	SP-24-004
Due Date for Applications:	August 28, 2024
Estimated Total Available Funding:	$1,600,000
Estimated Number of Awards:	4 (Only one award will be made per state)
Estimated Award Amount:	Up to $400,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 3 years

Eligible Applicants:	Eligible applicants are states and territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of states, Indian tribes, or tribal organizations (as such terms are defined in Title 25 Section 5304), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private nonprofit entities. (See Section III-1 of the Application Guide for complete eligibility information.)
Authorizing Statute:	Funds are provided for the purpose described in Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47), as part of the Minority HIV/AIDS Fund (MHAF) program described in Assistance Listing 93.899.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of the SAP program is to advance equity in health outcomes for racial and ethnic minority communities, especially all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals in the South[1] who are experiencing disparities related to HIV/AIDS, viral hepatitis (VH), sexually transmitted infections (STIs), substance use and substance use disorders (SUDs), and/or mental health conditions. Recipients will be expected to use a syndemic approach for preventing adverse behavioral health outcomes among the population of focus. With this program, SAMHSA aims to improve behavioral health outcomes for individuals at risk for, or living with, HIV in racial and ethnic minority communities.

SAMHSA's goal with this program is to enhance prevention systems and services, mitigate risk, strengthen protective factors, and prioritize improving health outcomes for those most affected by HIV/AIDS. Recipients will take a syndemic approach to preventing HIV/AIDS, viral hepatitis, sexually transmitted infections (STIs), substance use and substance use disorders, and/or mental health conditions in racial and ethnic minority communities for individuals at risk for or living with HIV. A syndemic occurs when two or more health conditions interact within a population because of social and structural factors and inequities, leading to an excess disease burden and continuation of health disparities[2]. Addressing these disparities will allow Black women in the South to achieve health equity, reduce overdose deaths, and put an end to the HIV epidemic. Services provided should be in accordance with federal, state, and local laws and regulations, and consistent with SAMHSA and HHS policy, including, as appropriate, the policies in Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders.

Recipients are encouraged to implement innovative and multipronged approaches to prevention activities that embrace culture and deliver trauma-informed practices guided by the communities impacted and served by the SAP pilot program. SAP recipients will utilize strengths-based concepts while acknowledging the foundational impact of structural and social determinants of health (SSDOH), adverse childhood experiences (ACEs), and traumatic events that increase syndemic occurrence, risk for substance use, mental health conditions, and infectious disease transmission, among other interrelated health risk behaviors.

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[1] For the purposes of this NOFO, southern States include AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV as identified in https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics.

[2] https://www.hiv.gov/blog/defining-the-term-syndemic

This program aims to increase capacity for meeting people in nontraditional and unconventional prevention spaces of local businesses and organizations referred to as community anchors. Community anchors:

- Extend beyond traditional prevention partnerships to include entities such as faith-based organizations, barbershops, childcare and child development centers, crisis centers, clubs, community centers, convenience stores, domestic violence organizations, homeless shelters, legal aid, libraries, motels, nail/hair salons, restaurants, vape shops, youth-serving organizations, and other social settings.
- Have a substantial presence and play a pivotal role in influencing culture and community norms in their neighborhoods.
- Have a unique and underutilized prevention opportunity to directly influence and connect with local residents, neighbors, visitors, and customers that come to their establishments.
- Are positioned to make significant contributions to implement culturally informed and responsive prevention services.
- Can play a pivotal role in building confidence within racial and ethnic minority communities that often lack trust in the prevention, behavioral health, healthcare, and treatment systems.
- Are important and trusted members of the community and often reflective of the population of focus.
- Extend the program's reach through peer-to-peer sharing and training while fundamentally shifting norms in communities towards prevention, well-being, and wellness.

The SAP Pilot is informed by the key strategies and priority jurisdictions outlined in the Ending the HIV Epidemic in the U.S. (EHE) initiative, the Viral Hepatitis National Strategic Plan and the STI National Strategic Plan. The program also supports the National HIV/AIDS Strategy (NHAS) and the 2023-2026 SAMHSA Strategic Plan.

POPULATION OF FOCUS:

HIV diagnoses are not evenly distributed across states and regions. The highest rates of new diagnoses continue to occur in the South. By region, in 2022, the South accounted for almost half (49%) of the estimated 31,800 new HIV infections.[3] Health

[3] https://www.cdc.gov/hiv/data-research/facts-stats/index.html

disparities related to HIV also occur among racial and ethnic groups. For example, in 2022, Black/African American individuals accounted for 37% of new HIV infections, even though they represented 12% of the US population. Also in 2022, Black/African American women accounted for half (50%) of new HIV diagnoses among women in the US. [4] HIV disparities also occur among trans women who are affected by HIV at disproportionate rates. HIV prevalence was 14.1% for trans women compared to less than 0.5% for U.S. adults overall. According to a Centers for Disease Control and Prevention (CDC) study, 62% of Black trans women had HIV, compared to 17% of White trans women.[5]

To address these disparities, the SAP Program's population of focus is all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals in the South. Addressing the disproportionate syndemic impacts on Black women in the South is crucial for achieving health equity, reducing overdose deaths, and ending the HIV epidemic.

SAMHSA's grant recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy status). Recipients must also agree to comply with federal conscience laws, where applicable.

PRIORITY POINTS:

To receive 10 priority points, applicants must provide the following statement in Section A of the Project Narrative: "The primary applicant organization is currently located in and will provide direct prevention education, prevention outreach services, and prevention interventions in at least one of the southern States with the highest HIV burden (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)." Examples of these services are described in the Required Activities section.

Funds are provided for the purpose described in Division D, Title II of the Further Consolidated Appropriations Act, 2024 (Public Law No. 118-47), as part of the Minority HIV/AIDS Fund (MHAF) program described in Assistance Listing 93.899.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, regardless of whether they receive a salary from the project. Key personnel must make a major contribution to

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[4] https://www.cdc.gov/hiv/data-research/facts-stats/race-ethnicity.html

[5] https://www.cdc.gov/hiv/policies/data/transgender-issue-brief.html

the project. Key personnel and staff selected for the project should reflect the diversity in the geographic catchment area.

Key personnel for this program are the Project Director, with at least 25 percent level of effort, and the **Peer Support Worker,** with at least 50 percent level of effort**.**

- The Project Director is responsible for overseeing, monitoring, and managing the award.
- The Peer Support Worker is responsible for conducting community outreach and engagement activities.

Recipients are encouraged to consider filling the Project Director, Peer Support Worker, and other staff positions with individuals with lived or living experience of HIV/AIDS, VH, STIs, substance use and substance use disorders, and/or mental health conditions. This experience can provide valuable and unique insights into supporting the population of focus and can lead to more empathetic, realistic, and effective prevention strategies that are grounded in the nuanced understanding of individuals' needs.[6] Lived and living experience, along with relevant content expertise, is acceptable in lieu of education, as appropriate.

If you receive an award, you will be notified whether the individuals designated for these positions have been approved. Should you need to replace key personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You are expected to begin the delivery of services within the first four months of the award. You are expected to serve the unduplicated number of individuals proposed in the Project Narrative (Section B.1).

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

Recipients are required to carry out each of these activities.

- Within the first 4 months, conduct resource mapping in the catchment area to identify existing community assets (including “community anchors” as defined in the Purpose), strengths, needs, and gaps relevant to the program’s goals. Recipients are encouraged to respectfully engage with their population of focus to identify community priorities and inform the results of resource mapping activities. Detailed

[6] https://www.thenationalcouncil.org/wp-content/uploads/2024/03/Integrating-PWLLE-Guide.pdf

guidance will be provided upon award. As part of the resource mapping activities, recipients must:

- Cultivate relationships with multiple community anchors to help implement and reach the goals of the project. **Note: In Attachment 1, applicants must submit at least two Letters of Commitment (LOC) from nontraditional prevention partners/community anchors as defined in the Purpose. Applicants who do not submit at least two LOCs will be screened out and not considered for review.**
- Identify agencies who will provide PrEP, PEP, HIV, VH, and STI treatment services for program participants who receive a positive test result.
  - Note: If treatment services are not offered in-house through other funding mechanisms, an MOU will be required with partner organization(s) to provide these services before program implementation begins.

- Within the first 6 months, develop and submit a strategic plan informed by the resource mapping activities. Resource mapping results will inform the strategic plan and all project activities.
- By the 10th month, form or join a steering committee to inform the development, implementation, reporting, and evaluation efforts of the project from a culturally informed perspective. Steering committee members must include community anchors, racial and ethnic minority individuals, and/or people with lived or living experience (PWLLE) of HIV/AIDS, VH, STIs, substance use and substance use disorders, or mental health conditions. Steering committee members should be compensated for their time.
- The primary recipient and any subrecipients must provide culturally responsive prevention education, prevention outreach services, and prevention interventions for HIV, VH, STIs, substance use and SUDs, and/or mental health conditions in the following ways:
  - Train and leverage community anchors on testing, referral and linkage to care, overdose prevention and harm reduction practices, peer recovery support, mental health first aid, and other related outreach activities.
  - Provide person-centered interventions that assess psychosocial needs, listen to, and respectfully engage with racial and ethnic minority communities to create pathways for successful engagement in prevention, treatment, and recovery support services.
  - Establish social media campaign messages that reduce stigma and strengthen protective factors within the population of focus.

- Provide non-judgmental prevention education regarding the transmission of HIV/AIDS, VH, and other STIs, and sexual health practices (including substance use, negotiating safer sex, etc. that may increase risk of transmission). Sexual health education may include content on body image, boundaries, confidence, consent, interpersonal relationships, self-esteem, and/or communication strategies with potential partners.

- Staff of the primary recipient organization (preferably PWLLE of HIV/AIDS, VH, STIs, substance use and substance use disorders, or mental health conditions) will provide substance use prevention, psychosocial support, and health education to participants including testing, screening, transportation resources, and linkage to care, system navigation (which can include accompaniment to social services), health care, harm reduction, substance use disorder treatment, recovery supports, and other behavioral health services.

- Participate in a peer-to-peer "best practices" learning collaborative within the cohort to share experiences, promising and innovative practices, challenges, successes, and lessons learned. SAMHSA will partner with the recipients to synthesize information captured for a publication.

4. ALLOWABLE ACTIVITIES

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

- Champion environmental prevention strategies, social norms marketing, and social media strategies to increase awareness and decrease stigma regarding behaviors that can promote health and prevent HIV/AIDS, VH, STIs, substance use and SUDs, and/or mental health conditions.

- Develop organizational standard operating procedures and policies, including input by the steering committee, that initiate strengths-based cultural norm shifts and prioritize sustainable syndemic prevention efforts.

- Provide transportation and non-cash incentives to facilitate testing and access to support services that address psychosocial needs including food, housing, and employment.

- Implement peer support groups at community anchor settings led by staff (preferably PWLLE of HIV/AIDS, VH, STIs, substance use and substance use disorders, or mental health conditions).

- Provide harm reduction services, education, and supplies (such as naloxone and other opioid overdose reversal medication, safer sex kits, rapid HIV/STI testing supplies, drug testing supplies, and TB testing).

- Mobile service delivery to reach geographically isolated communities and/or in non-traditional community settings and telehealth services.

- Interventions, outreach, and prevention education may include relevant topics in the catchment area. This includes, but is not limited to, syphilis, synthetic opioids including illicitly made fentanyl, and resurgent stimulants such as methamphetamine.

- Develop prevention resources and interventions to meet the needs of people with disabilities, members of the LGBTQI+ community, individuals with limited English proficiency, individuals residing in rural areas, and individuals adversely affected by persistent poverty or inequality.

Cooperative agreement programs that use federal funding must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services. Cooperative agreements include explicit prohibitions of federal funds to be used to purchase drug paraphernalia.

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, strengths-based and cultural humility, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An ***evidence-based practice*** (EBP) is a practice that has been documented with research data to show its effectiveness. A ***culturally adapted practice*** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values.

Community-defined evidence practices (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Both researchers and practitioners recognize that EBPs, culturally adapted practices, and CDEPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an

EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices, CDEPs, and/or culturally promising practices that are appropriate, you may implement these interventions.

In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the Fidelity Monitoring Checklist. In situations where an EBP is appropriate but requires additional culturally-informed practices, discuss this in C.1.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement
You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E of the Project Narrative.

You must report performance on the following measures:

- Number of individuals served by racial/ethnic demographic category.
- Number of individuals served by sexual orientation, gender identity, and gender expression (SOGIE).
- Number of individuals served through direct prevention efforts.
- Number of individuals reached through population-based prevention efforts, including social media campaigns.
- Number of individuals linked to substance use prevention and/or treatment services.
- Number of individuals linked to mental health promotion and/or treatment services.
- Number of individuals linked to social support services including food, housing, and employment.
- Number of individuals screened for HIV, VH, and STIs.

- Number of individuals tested for HIV, VH, and STIs.
- Number of individuals linked to PrEP, PEP, HIV, VH, and STI treatment services.
- Number of unduplicated individuals (community anchors) trained to provide HIV, VH, and STI testing, referral procedures, harm reduction practices, overdose prevention, substance use prevention and/or mental health first aid.
- Number of safer sex kits distributed that include, at a minimum, male and female condoms and lubricant.
- Number of FDA approved overdose reversal medication kits (e.g., naloxone) distributed.

Due to the pilot nature of this program, data collection may differ from other SAMHSA programs. The data collection approach may be modified over the course of the pilot to address SAMHSA or recipient organizations' evolving needs. Performance data will be gathered using a uniform data collection tool provided by SAMHSA. Recipients may be required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS), to which awardees will be provided access. Data are to be collected via entry into a web system, through written reports, spreadsheets, or other methods as needed to facilitate the pilot project.

Data are to be submitted quarterly within 30 days following the end of each reporting period. Training and technical assistance on data collection and reporting will be provided after the award.

The data you collect allows SAMHSA to monitor program performance, including how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data are also reported to the public as part of SAMHSA's Congressional Budget Justification.

An evaluation may be required to build the evidence base for this program. Grant recipients may be required to participate fully in all aspects of the evaluation. This may include collection of additional data and participation of subrecipients. If applicable, details on the evaluation, including type of evaluation and questions, will be provided.

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 annual 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 Section D – *Developing Goals and Measurable Objectives* and Section E – *Developing the Plan for Data Collection and Performance Measurement* of the Application Guide.

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.[7] These are part of SAMHSA's core principles, as documented in our strategic plan.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental disorders and SUDs and their family members to guide the behavioral health system and promote individual, program, and systems-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.
- *Community*—Having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

- Emerging from hope.
- Person-driven, occurring via many pathways.
- Holistic, supported by peers and allies.

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

- Culturally based and responsive.
- Supported through relationships and social networks.
- Involving individual, family, and community strengths and responsibility.
- Supported by addressing trauma.
- 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.
- C*ollaboration and Mutuality*—Partnering and leveling power differences between staff and service participants are valued.
- *Cultural, Historical, and Gender Issues*—Culturally and gender-responsive services are offered, moving beyond stereotypes/biases.
- *Empowerment, Voice, and Choice*—Organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[8]

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

Behavioral health equity is the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable healthcare services and support.

By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and

[8] https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible.

In conjunction with promoting access to high-quality services, behavioral health disparities can be further reduced by addressing social determinants of health, such as social exclusion, discriminatory practices, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health DIS no later than 60 days after award. *See Section G of the Application Guide*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

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 and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See *Section J – Administrative and National Policy Requirements* of the Application Guide)

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational elements, priorities, and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (e.g., Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (e.g., Medicare, Medicaid, private insurance) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (e.g., the Veterans Health Administration or senior services).

Inclusion of People with Lived Experience Policy

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

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, veterans, and military families in designing and implementing their programs. Where appropriate, consider prioritizing this population for services.

Behavioral Health for LGBTQI+ Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals and the behavioral health disparities that the LGBTQI+ population faces, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis and use or promote SAMHSA national resources, such as 988 Suicide & Crisis Lifeline, FindTreatment.gov, and FindSupport.gov.

8. 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 cohort meeting, budget revisions may be permitted for travel.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$1,600,000
Estimated Number of Awards:	4 (Only one award will be made per State)
Estimated Award Amount:	Up to $400,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 3 years
Anticipated Start Date	September 30, 2024

Your annual budget cannot be more than $400,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

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 (list):

1. Submit an annual workplan outlining objectives and targets prior to each phase of implementation, including the plan to leverage community anchors to accomplish project goals. Each workplan must be approved by the Government Project Officer (GPO) prior to implementation.

2. Submit lessons learned at the end of each implementation year.

Role of SAMHSA Staff:

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

1. Review or approve one stage of a project before work may begin on a later stage during a current approved project period.

2. Assist the recipient in developing a selection process for sub-awards and review sub-recipient contracts and awards.

3. Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.

4. Recommend outside consultants for training, evaluation, and data collection.

5. Maintain regular communication with recipients through routine conference calls and provide technical assistance and consultation.

6. If indicated, oversee the development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.

7. Review and approve all key personnel.

8. 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 states and territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of states, Indian tribes, or tribal organizations (as such terms are defined in Title 25 Section 5304), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private nonprofit entities.

All nonprofit entities must provide documentation of their nonprofit status in **Attachment 8** of your application.

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

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies.

In **Attachment 1**, applicants must submit evidence that the following three additional requirements related to the provision of services have been met:

1. A community-based organization (CBO) providing prevention services for HIV/AIDS, VH, STIs, substance use and SUDs, and/or mental conditions appropriate to the award must be involved in the project. The organization may be the applicant or another organization committed to the project as demonstrated by a letter of commitment (LOC). More than one CBO may be involved.

2. Each primary applicant must have at least two years of experience (as of the due date of the application) providing relevant community-based services. Official documents must establish that the organization has provided relevant community-based services for the last two years.

3. Each primary applicant, sub-recipient, partner, and consultant must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The preceding requirements apply to all service provider organizations. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health providers and SUD prevention, treatment, and recovery support providers must be in compliance with all applicable tribal licensing, accreditation, and certification requirements as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following the review of your application, if the score is in the fundable range, the GPO may request that you submit additional documentation or verify that the documentation submitted is complete. **If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A* of the Application Guide for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the following standard and supporting documents and in *Section A – 2.2 Required Application Components* of the Application Guide. 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 Waiver of Electronic Submission* of the Application Guide.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons username of the PD/PI.
  - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2027.
  - **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

It is recommended that new applicants review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the following instructions. **The totals in Sections A, B, and D must match.**

- **Section A –** Budget Summary: If cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required,** use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

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

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

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

- **Section E –** Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2 and Year 3). For example, if funds are being requested for 3 years total, enter the requested budget amount for each budget period in columns b and c (i.e., 2 out years). — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; Use Line 16 for federal funds and Line 17 for non-federal funds.

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

- Instructions on completing the SF-424A form are available at Sample SF-424A (No Match Required).

It is recommended applicants use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**
  The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V.1 – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**

  You must submit the budget justification and narrative as a file named "BNF" (Budget Narrative Form). (See *Section A – 2.2 – Required Application Components* of the Application Guide.)

- **ATTACHMENTS 1 THROUGH 10**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the following attachments, use the **Other Attachment Form** if applying with Grants.gov Workspace or the **Other Narrative Attachments** if applying with eRA ASSIST.

  - ***Attachment 1: Letters of Commitment***

    1. List all organizations that will partner in the project, including community anchors. The list must clearly state the role and type of partner organization (e.g., Organization A is a barbershop and will provide XYZ services as a community anchor in this project). The list must include, at minimum:

       - Identification of at least one experienced, community-based organization (CBO) providing prevention services for HIV/AIDS, VH, STIs, substance use and SUDs, and/or mental conditions. The organization may be the applicant or another organization committed to the project. More than one CBO may be involved.

       - Identification of at least two nontraditional prevention partners/community anchors as defined in the Purpose section. Applicants must submit LOCs from at least two community anchors.

         Applications that do not include at least two LOCs from community anchors will not be considered for review. (Do not include any letters of support. Reviewers will not consider them. A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.)

    2. Statement of Certification — You must provide a written statement certifying that all partner organizations listed in this application meet the applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***
  Include, as appropriate, informed consent forms for service intervention and exchange of information documentation, 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 of the Application Guide.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F – Biographical Sketches and Position Descriptions* of the Application Guide 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 – Intergovernmental Review* of the Application Guide 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 nonprofit status:

  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.

  - A copy of a current and valid IRS tax exemption certificate.

  - A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has nonprofit status.

- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.

- Any of these documents for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

- ***Attachment 9: Statement of Certification***
  You must provide a written statement certifying that the project's population of focus includes all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals.

- ***Attachment 10: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations*****.**
  You must complete Form SMA 170 if your project is providing substance use prevention or treatment services.

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

Section A of the Application Guide has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under Title 2 CFR Section 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 p.m. (Eastern Standard Time) on **August 28, 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 Principal Investigator 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 may result in failure to submit the complete, error-free application by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food can be included as a necessary expense[9] for individuals receiving SAMHSA-funded services, not to exceed $10.00 per person per day.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H* of the Application Guide*.*

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

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

[9] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

7. OTHER SUBMISSION REQUIREMENTS

See *Section A* of the Application Guide for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A through E. The application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A–E) may be no longer than **10 pages**.
- You must use the five sections/headings (listed below) in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number** (**i.e**., **"A.1," "A.2").** 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 consider only information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus, Statement of Need, and Priority Points (Up to 30 points – approximately 1.5 pages)

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized

tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. Identify the source of the data (e.g., the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index).

3. To receive 10 priority points, applicants must provide the following statement: "The primary applicant organization is currently located in and will provide direct prevention education, prevention outreach services, and prevention interventions in at least one of the southern States with the highest HIV burden (i.e., AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)." Examples of these services are described in the Required Activities section.

SECTION B: Proposed Implementation Approach (25 points – approximately 4.5 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Required Activities and Statement of Need described in Section A.2. See *Section D – Developing Goals and Measurable Objectives* of the Application Guide for information of how to write ***s***pecific, ***m***easurable, ***a***chievable, ***r***elevant, and ***t***ime-bound (i.e., "SMART") objectives.

   Provide the following table:

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

2. Describe how you will implement all Required Activities in Section I.

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the project period showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I.

   - Note: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible and no later than four months after the award. **[The timeline does not count toward the page limit for the Program Narrative.]**

SECTION C: Proposed Evidence-Based, Adapted, or Community-Defined Evidence Practices (20 points — approximately 2 pages)

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBPs/CDEPs and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEPs, evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in Section I.5)

SECTION D: Staff and Organizational Experience (15 points – approximately 1 page)

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including all Black female identities, including cisgender, transgender, nonbinary, and genderqueer/fluid individuals, underserved and historically under-resourced populations.

2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships, including the community anchors that were listed in **Attachment 1**. Include LOCs from each partner organization and at least two community anchors in **Attachment 1.** Separate from the community anchor requirement, 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 Peer Support Worker) and other significant personnel. For each staff member describe their:

    - Role.
    - Level of effort (i.e., percentage of full-time employment, not number of hours: e.g., 1.0 [full-time], 0.5 [half-time]).
    - Qualifications, including experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with historically underserved and historically under resourced populations.

SECTION E: Data Collection and Performance Measurement (10 points approximately 1 page)

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

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

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, 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 the SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs (e.g., sporting events, entertainment). See the *Section K – Budget and Justification* of the Application Guide 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 CSAP National Advisory Council, when the individual award is over $250,000.
- Availability of funds.
- **There will be a special consideration to fund applications not in straight priority score order; only one award will be made per state alignment with the program's interest in geographic distribution 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 *Section J – Administrative and National Policy Requirements* of the Application Guide 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 Title 2 CFR Section 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

Recipients will be required to report annual targets and provide quarterly updates on progress toward those targets. Data are to be submitted 30 days after the end of each quarterly reporting period. This information will be gathered using a uniform data collection tool provided by SAMHSA.

Recipients will also be required to submit in eRA Commons:

- A strategic plan (including results of the resource mapping) by the end of the sixth month.
- An evaluation plan by the end of the sixth month.
- Annual programmatic progress reports.
- A sustainability plan by the end of Year 2.

The annual programmatic progress report is due 30 days after the end of each federal fiscal year and must discuss:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress achieving goals and objectives and implementing program and evaluation activities (including engagement with community anchors).
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.
- 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 performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

Management of Award:

Recipients must also comply with standard award management reporting requirements, unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Shannon Hastings
Division of Targeted Prevention, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
(240) 276-1869
DTP-NOFO@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For review process and application status questions, contact:

Angela Houde
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1091
Angela.Houde@samhsa.hhs.gov