

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

**Statewide Consumer Network Program**

**(Short Title: SCN)**

(Initial Announcement)

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

**Assistance Listing Number: 93.243**

**Key Information:**

<b>Application Deadline</b>	<b>Applications are due by April 8, 2024.</b>
<b>NOFO Application Guide</b>	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide ( <a href="#">Application Guide</a> ). 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.
<b>Intergovernmental Review (E.O. 12372)</b>	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See <a href="#">Section I</a> of the <i>Application Guide</i> .

**Electronic Grant  
Application Submission  
Requirements**

**You must complete three (3) registration processes:**

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

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

# Table of Contents

EXECUTIVE SUMMARY .....	5
I. PROJECT DESCRIPTION .....	7
1. PURPOSE.....	7
2. KEY PERSONNEL.....	8
3. REQUIRED ACTIVITIES.....	9
4. ALLOWABLE ACTIVITIES .....	11
5. DATA COLLECTION/PERFORMANCE ASSESSMENT AND PROJECT PERFORMANCE ASSESSMENT.....	12
6. OTHER EXPECTATIONS.....	13
7. RECIPIENT MEETINGS .....	16
II. FEDERAL AWARD INFORMATION .....	16
1. GENERAL INFORMATION.....	16
III. ELIGIBILITY INFORMATION .....	17
1. ELIGIBLE APPLICANTS.....	17
2. COST SHARING AND MATCHING REQUIREMENTS .....	17
IV. APPLICATION AND SUBMISSION INFORMATION .....	17
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	17
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	18
3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT .....	21
4. APPLICATION SUBMISSION REQUIREMENTS .....	21
5. FUNDING LIMITATIONS/RESTRICTIONS.....	22
6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS .....	22
7. OTHER SUBMISSION REQUIREMENTS .....	23

V.	APPLICATION REVIEW INFORMATION .....	23
1.	EVALUATION CRITERIA.....	23
2.	BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT.	25
3.	REVIEW AND SELECTION PROCESS.....	26
VI.	FEDERAL AWARD ADMINISTRATION INFORMATION.....	27
1.	FEDERAL AWARD NOTICES .....	27
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	27
3.	REPORTING REQUIREMENTS .....	27
VII.	AGENCY CONTACTS .....	28

## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for the fiscal year (FY) 2024 Statewide Consumer<sup>1</sup> Network (Short title: SCN) program. The purpose of this program is to strengthen the capacity of statewide mental health peer-led<sup>2</sup> organizations to partner with state efforts to improve mental health support system and related services for individuals with serious mental illness (SMI) or serious emotional disturbance (SED) as agents of transformation. Recipients will be expected to promote activities to enhance and expand mental health peer leadership, voice, and engagement, such as the expansion of the statewide peer-led network mission and reach, training, leadership, and skills development; mental health peer support; and peer certification standards. With this program, SAMHSA aims to build the capacity of peer-led organizations and individuals with lived experience to engage in crisis planning, early intervention, and crisis response; diversity and cultural responsiveness; partnership development; and integrated care across the United States.

---

<sup>1</sup> For the purposes of this NOFO, the terms peer, mental health peer, individuals, and individuals with lived experience of mental illness, are used in place of the term “consumer” and defined as an individual 18 years of age or older with serious mental illness (SMI) or serious emotional disturbance (SED) and/or who has received services from the public mental health system as a result of a diagnosis of mental illness.

<sup>2</sup> For the purpose of this NOFO, “Peer-Led” (previously consumer-run) refers to an organization that publicly identifies as being controlled and managed by individuals with lived experience of mental illness and is dedicated to improving mental health and recovery support services to be person-driven by enhancing individual participation and voice in systems change. A peer-led organization must have a board of directors comprised of more than 50 percent of members who are individuals with serious mental illness and/or have received services from the public mental health systems as a result of a diagnosis of mental illness.

<b>Funding Opportunity Title:</b>	Statewide Consumer Network Program (Short Title: SCN)
<b>Funding Opportunity Number:</b>	SM-24-002
<b>Due Date for Applications:</b>	April 8, 2024
<b>Estimated Total Available Funding:</b>	\$1,143,099
<b>Estimated Number of Awards:</b>	9
<b>Estimated Award Amount:</b>	Up to \$120,000 per year
<b>Cost Sharing/Match Required</b>	No
<b>Anticipated Project Start Date:</b>	September 30, 2024
<b>Anticipated Award Date:</b>	No later than September 29, 2024
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	<p>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 <a href="#">section 5304 of title 25</a>), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.</p> <p>[See <a href="#">Section III-1</a> for complete eligibility information.]</p>
<b>Authorizing Statute:</b>	SCN grants are authorized under Section 520A (42 USC 290bb-32) of the Public Health Service Act, as amended.

# I. PROJECT DESCRIPTION

## 1. PURPOSE

The purpose of this program is to strengthen the capacity of statewide mental health peer-led organizations to partner with state efforts to improve mental health support system and related services for individuals with serious mental illness (SMI) or serious emotional disturbance (SED) as agents of transformation. The SCN grant program also seeks to address the needs of underserved and under-represented individuals; individuals from diverse sexual orientations and gender identities; those with histories of chronic homelessness or involvement with the criminal justice system; individuals in rural settings; older adults; and those with mental illness and co-occurring disorders (COD).

The goals of the program are to:

- Enhance participation, voice, leadership, and empowerment of individuals with lived experience statewide to effect systems change and improve the quality of mental health services.
- Facilitate access to evidence-based and peer-delivered mental health practices.
- Enhance knowledge, skills, and abilities within mental health services and/or mental health peer<sup>3</sup> support providers across the state related to recovery and peer support, and peer engagement/empowerment.
- Emphasize and build leadership within peer-led organizations in communities across the state, as well as through partnerships and collaboration with allied stakeholders.
- Build infrastructure, capacity, and sustainability of statewide peer-led organizations.
- Promote activities related to fostering leadership and management skills with mental health peers and peer-led organizations; engaging individuals with lived experience of serious mental illness (including those from underserved populations) via training, awareness, outreach and support; strengthening

---

<sup>3</sup> The term “mental health peer” is an individual who has been trained to provide mental health peer-delivered services.

organizational relationships with state, regional, and local government entities and community stakeholders; and identifying and implementing technical assistance to promote mental health peer involvement, peer support, and mental health peer leadership within organizations, communities, and at the state level.

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

SAMHSA will only make one award per state, territory, or tribe where there is not a currently funded SCN recipient. If more than one application is received from organizations in a state, the application with the highest priority score will be funded. Organizations that received funding under the Statewide Consumer Network NOFO (SM-22-009) in FY 2022 or FY 2023 are not eligible to apply. SAMHSA currently funds SCN recipients in the following states and is not accepting applications from organizations in these states: Ohio, Missouri, California, Maryland, North Carolina, Pennsylvania, and Massachusetts.

SCN grants are authorized under Section 520A (42 USC 290bb-32) 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 project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

**The key personnel for this program is the Project Director**, with at least a 10 percent level of effort. This position requires prior approval by SAMHSA after a review of staff credentials and job descriptions. The Project Director is responsible for oversight of the project.

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



### 3. REQUIRED ACTIVITIES

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

- Support peer-led capacity building. Capacity building involves strengthening the ability of your organization to meet identified goals so it can sustain or improve the delivery of services to include:
  - Leadership and management development and mentoring; evidence-based, promising and/or best practices for peer delivered services and peer-led organizations<sup>4</sup>;
  - Board recruitment and development;
  - Membership recruitment; and
  - Focus groups and key informant/stakeholder interviews.
- Enhance peer voice, empowerment, and participation in behavioral health policy, planning, and implementation for individuals with lived experience across the state to include:
  - Increasing the number and diversity of individuals with lived experience across the state in workgroups, advisory boards, and committees to effect systems change that is recovery-focused, trauma-informed, culturally relevant, holistic, and resilience-oriented;
  - Providing leadership development, training, outreach, and education for individuals with lived experience;
  - Partnering with state and diverse community agencies in policy development to support the direction and participation in treatment and service systems improvements by people with lived experience of SMI and SED; and/or
  - Supporting the development and implementation of statewide processes addressing mental health peer support for individuals in mental health recovery (e.g., introduction and/or adoption of evidence-based practices,

---

<sup>4</sup> For example, see SAMHSA's Consumer-Operated Services Evidence-Based Practices Toolkit: <https://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633>

culturally adapted evidence-based practices, and promising peer support practices, training, supervision, and/or certification).

- Increase involvement and leadership of individuals with lived experience in workforce and program development to enhance access to and availability of evidence-based, culturally adapted and promising practices that are holistic, person-centered, and trauma informed. Areas of focus shall include:
  - Models<sup>5</sup> and best practices for trauma-informed peer support and related-systems change;<sup>6</sup>
  - Mental health peer support models for specific populations of focus, including those involved in the criminal justice systems, older adults, and youth and young adults;
  - Wellness and/or whole health integrated care models and supports;
  - Crisis response services and supports across a continuum of need (e.g., warmlines, peer respites, peer bridgers); and
  - Mental health peer workforce development in supported employment and supported education activities.
- Promote person-centered, recovery-oriented services in emerging or existing needs in the state for individuals with lived experience, such as:
  - Justice-involved individuals;
  - COD, including opioid use disorders;
  - Integrated care;
  - Certified Community Behavioral Health Clinic implementation;
  - Trauma-informed approaches;
  - Crisis response, warmlines, peer respite and/or state 988 implementation;
  - Violence, including gender-based violence;<sup>7</sup>

---

<sup>5</sup> Models include (but are not limited to) [SAMHSA's National Model Standards for Peer Support Certification](#).

<sup>6</sup> See the [Practical Guide for Implementing a Trauma-Informed Approach](#)

<sup>7</sup> The White House National Plan to End Gender-Based Violence (GBV), released on May 20, 2023, also aligns with priority population of this grant program. The GBV National Plan defines GBV as domestic violence (aka intimate partner violence), sexual violence, stalking and other forms of interpersonal

- Homelessness;
- Employment; and
- Education.

#### **4. ALLOWABLE ACTIVITIES**

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

- Support training and technical assistance to enhance the capacity and sustainability for peer-operated organizations including, but not limited to, the following:
  - Organizational development and growth;
  - Non-profit management;
  - Community development;
  - Business practices, including marketing and communications;
  - Services financing;
  - Informed decision-making;
  - Mobile crisis teams/scope of practice
  - Respite care;
  - Sustainability;
  - Leadership development; and
  - Technology and digital peer support.
- Developing partnerships and other activities that may sustain or advance peer-led systems and services, such as establishing designated collaborating organization relationships with Certified Community Behavioral Health Clinics.
- Collaborate with state networks representing children and youth with mental health conditions and their families or caregivers.

---

violence and coercive control. Other forms include but are not limited to teen dating violence, child sexual abuse, human trafficking, online harassment and abuse.

## 5. DATA COLLECTION/PERFORMANCE ASSESSMENT AND PROJECT PERFORMANCE ASSESSMENT

### *Data Collection/Performance Measurement*

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

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

- a. The number and percentage of work group/advisory group/council members who are individuals with lived experience (consumers)/or family members.
- b. The number of individuals with lived experience who have received training in prevention or mental health promotion.
- c. The number of individuals with lived experience (consumers) or family members representing peer-led (consumer) or family organizations who are involved in ongoing mental health-related planning and advocacy activities.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

### *Project Performance Assessment*

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See [Section VI.3](#) for a description of reporting requirements.)

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the *Application Guide*, [Section D - Developing Goals and Measurable Objectives](#) and [Section E - Developing the Plan for Data Collection and Performance Measurement](#).

## 6. OTHER EXPECTATIONS

### *SAMHSA Values That Promote Positive Behavioral Health*

SAMHSA expects recipients to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.<sup>8</sup> These are part of SAMHSA’s core principles, in 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;
- supported by addressing trauma; and based on respect.

---

<sup>8</sup> “[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.

**Trauma-informed approaches** recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support*: peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using their lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- *Collaboration and Mutuality*: importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.<sup>9</sup>

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 Disparity Impact Statement (DIS) no later than 60 days after your award. See [Section G of the Application Guide](#). Progress and evaluation of DIS activities must be reported in annual progress reports (see [Section VI.3 Reporting Requirements](#)).

---

<sup>9</sup> [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion for underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to [Executive Order 13985](#).

#### *Language Access Provision*

[Per Title VI of the Civil Rights Act of 1964](#), recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide*, [Section J - Administrative and National Policy Requirements](#))

#### *Tribal Behavioral Health Agenda*

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the [National Tribal Behavioral Health Agenda \(TBHA\)](#). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

#### *Tobacco and Nicotine-free Policy*

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

#### *Behavioral Health for Military Service Members and Veterans*

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

#### *Inclusion of People with Lived Experience Policy*

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

*Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals*

In line with the [Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#) (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population face, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

*Behavioral Health Crisis and Suicide Prevention*

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the [988 Suicide & Crisis Lifeline](#), the [SAMHSA Helpline/Treatment Locator](#), and [FindSupport.gov](#).

**7. RECIPIENT MEETINGS**

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

**II. FEDERAL AWARD INFORMATION**

**1. GENERAL INFORMATION**

<b>Funding Mechanism:</b>	Grant
<b>Estimated Total Available Funding:</b>	\$1,143,099
<b>Estimated Number of Awards:</b>	9
<b>Estimated Award Amount:</b>	Up to \$120,000 per year, inclusive of indirect costs
<b>Length of Project Period:</b>	Up to 3 years
<b>Anticipated Start Date</b>	09/30/2024

**Proposed budgets cannot exceed \$120,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.



**Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.**

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

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 [section 5304 of title 25](#)), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

Organizations that received funding under the Statewide Consumer Network NOFO (SM-22-009) in FY 2022 or FY 2023 are not eligible to apply. SAMHSA currently funds SCN recipients in the following states and is not accepting applications from organizations in these states: Ohio, Missouri, California, Maryland, North Carolina, Pennsylvania, and Massachusetts. Applications from these states will be screened out and not reviewed.

SAMHSA will only make one award per state, territory, or tribe where there is not a currently funded SCN recipient. If more than one application is received from organizations in a state, the application with the highest priority score will 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.

### **IV. APPLICATION AND SUBMISSION INFORMATION**

#### **1. ADDRESS TO REQUEST APPLICATION PACKAGE**

The application forms package can be found at [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required

documents. See [Section A](#) of the *Application Guide* for more information on obtaining an application package.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in [Section A - 2.2](#) of the *Application Guide (Required Application Components)*. All files uploaded as part of the application must be in Adobe PDF file format. See [Section B](#) of the *Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration, the waiver of this requirement must be approved in advance. See [Section A 3.2](#) of the *Application Guide (Waiver of Electronic Submission)*.

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

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

- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
  - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
  - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is

required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

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

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

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

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

**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](#) – Application Review Information.
- **BUDGET JUSTIFICATION AND NARRATIVE –**  
You must submit the budget justification and narrative as a file entitled “BNF” (Budget Narrative Form). See [Section A – 2.2 of the Application Guide -Required Application Components](#)).

- **ATTACHMENTS 1 THROUGH 9**

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

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace
  - Other Narrative Attachments if applying with eRA ASSIST
- **Attachment 1: Letters of Commitment**  
(Do not include any letters of *support*. Reviewers will not consider them.)
  - **Attachment 2: Data Collection Instruments/Interview Protocols**  
You do not need to include standardized data collection instruments/interview protocols in the application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, include a copy. Provide a publicly available web link to the appropriate instrument/protocol.
  - **Attachment 3: Sample Consent Forms**  
Include, as appropriate, informed consent forms for:
    - service intervention;
    - exchange of information, such as for releasing or requesting confidential information
  - **Attachment 4: Project Timeline**  
**Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, [B.3](#).**
  - **Attachment 5: Biographical Sketches and Position Descriptions**  
See [Section F](#) of the *Application Guide - Biographical Sketches and Job Descriptions* for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.
  - **Attachment 6: Letter to the State Point of Contact**  
Review information in [Section IV.6](#) and see [Section I](#) of the *Application Guide (Intergovernmental Review)* for detailed information on E.O. 12372 requirements to determine if this applies.
  - **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**

This **required** attachment is in response to [Section C](#) of the Application Guide and reviewers will assess the response.

- **Attachment 8: Documentation of Non-Profit Status.**  
**Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status.**
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid IRS tax exemption certificate.
  - A statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
  - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status.
  - Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.
  
- **Attachment 9: Letter Certifying Composition of Board of Directors**  
A letter must be submitted certifying that your Board of Directors is comprised of more than 50 percent individuals with lived experience of mental illness.

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

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

### **4. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **April 8, 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. See [Section A](#) of the Application Guide for

information on how to apply.

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

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

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

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

**No exceptions will be made.**

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

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

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

- Food is an unallowable expense.

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

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

All SAMHSA programs are covered under [Executive Order \(EO\) 12372](#), as implemented through Department of Health and Human Services (HHS) regulations at

[45 CFR Part 100](#). Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See [Section I](#) of the *Application Guide (Intergovernmental Review)* for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

## 7. OTHER SUBMISSION REQUIREMENTS

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

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

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

In developing the Project Narrative use these instructions:

- The Project Narrative (Sections A-D) may be no longer than **10 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative. **Before the response to each criterion, you must indicate the section letter and number, i.e., “A.1”, “A.2”, etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.
- Any cost-sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

**SECTION A: Population of Focus and Statement of Need  
(15 points – approximately 2 pages)**

1. Identify and describe the geographic area where the project will be implemented and the population(s) that will be impacted. Provide a demographic profile of the population(s) to be served in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Describe the need to increase the capacity of your organization to implement, sustain, and improve effective mental health and co-occurring disorder support systems in the selected population(s), including those who are underserved or under-resourced. Include information on the service gaps and other problems related to the need for capacity building. Identify the source of the data (e.g., 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 outlined 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).
2. Describe how you will implement all of the Required Activities in [Section I](#) and how individuals with lived experience of serious mental illness will inform the implementation and performance of the proposed project.
3. In **Attachment 4**, provide no more than a two-page chart or graph depicting realistic timeline for the entire 3 years of the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in Section I. **The timeline does not count towards the page limit for the Program Narrative.**

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

1. Describe the experience you have with similar projects and/or providing services to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations including underserved and historically under-resourced populations.



2. Document that your Board of Directors is comprised of more than 50 percent individuals with lived experience of mental illness (**Attachment 9**). [**Note:** This attachment does not count towards the page limit for the Project Narrative.]
3. Describe how your organization uses and will continue to use the expertise of individuals with lived experience of serious mental illness to govern, evaluate, and guide the work of your organization (including executive and front-line staff) and how they reflect the culture and ethnicity of the individuals needing your support.
4. Identify any other organization(s) that will partner with you on this project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Letters of Commitment from each partner organization must be included in **Attachment 1**. Indicate in your response if you are not partnering with any other organizations.
5. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. For each staff member describe their:
  - Role;
  - Level of Effort; and
  - Qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, including lived experience 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 [Section K](#) of the *Application Guide – Budget and Narrative* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in [Section IV-5](#). **Identify the items associated with these costs in your budget.**

### 3. REVIEW AND SELECTION PROCESS

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

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

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

- Availability of funds.
- Organizations that received funding under the Statewide Consumer Network NOFO (SM-22-009) in FY 2022 or FY 2023 are not eligible to apply. SAMHSA currently funds SCN recipients in the following states and is not accepting applications from organizations in these states: Ohio, Missouri, California, Maryland, North Carolina, Pennsylvania, and Massachusetts. Applications from these states will be screened out and not reviewed.
- SAMHSA will only make one award per state, territory, or tribe where there is not a currently funded SCN recipient. If more than one application is received from organizations in a state, the application with the highest priority score will be funded.
- SAMHSA will only fund consumer-run organizations that have a Board of Directors comprised of more than 50 percent individuals with lived experience of mental illness.
- Submission of any required documentation that must be received prior to making an award.
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with [45 CFR 75.212](#), SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in

section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR 75.205](#) HHS Awarding Agency Review of Risk Posed by Applicants.

## **VI. FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. FEDERAL AWARD NOTICES**

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

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

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

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

If your application is funded, you must comply with all terms and conditions of the NoA. See information on [standard terms and conditions](#). Review the *Application Guide, Section J - Administrative and National Policy Requirements* for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS 690](#)). To learn more, see the [HHS Office of Civil Rights](#) website.

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

### **3. REPORTING REQUIREMENTS**

You will be required to submit an annual progress report on project performance within 90 days of the end of each budget period. The report must discuss:

- Progress achieved in the project should include qualitative and quantitative data to demonstrate programmatic progress. The report should note updates on required activities, successes, challenges, and changes or adjustments that have been made to the project.

- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving the populations of focus;
- Efforts to overcome these barriers; and
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes or adjustments as part of a quality improvement plan.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and report on all award activities during the entire project period.

### **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:

Damie Jackson-Diop  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
(240) 276-0424  
[scnresourcemailbox@samhsa.hhs.gov](mailto:scnresourcemailbox@samhsa.hhs.gov)

For fiscal/budget questions, contact:

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

For review process and application status questions, contact:

Jasmine Magruder  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276-1200  
[Jasmine.Magruder@samhsa.hhs.gov](mailto:Jasmine.Magruder@samhsa.hhs.gov)