

Department of Health and Human Services

Substance Abuse and Mental Health

Services Administration

Statewide Family Network Program

(Short Title: SFN)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. SM-24-001

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by April 8, 2024.
NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See Section I of the <i>Application Guide</i> .

Electronic Grant Application Submission Requirements	<p>You must complete three (3) registration processes:</p> <ol style="list-style-type: none">1. System for Award Management (SAM);2. Grants.gov; and3. eRA Commons. <p>See <u>Section A</u> of the <i>Application Guide</i> (Application and Submission Requirements) to begin this process.</p>
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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 Family Network (SFN) program. The purpose of this program is to provide resources to enhance the capacity of statewide mental health family-controlled organizations¹ to engage with family members/primary caregivers² who are raising children, youth, and young adults with serious emotional disturbance (SED) and/or co-occurring disorders (COD). Award recipients will be expected to be family-driven, trauma-informed, culturally relevant, holistic, and resiliency-oriented family-controlled organizations. With this program, SAMHSA aims to transform mental health and related systems in states by empowering family-controlled organizations to participate meaningfully in SED/COD policy development and service delivery.

Funding Opportunity Title:	Statewide Family Network Program (Short Title: SFN)
Funding Opportunity Number:	SM-24-001
Due Date for Applications:	April 8, 2024
Estimated Total Available Funding:	\$1,116,777
Estimated Number of Awards:	9
Estimated Award Amount:	Up to \$120,000 per year per award
Cost Sharing/Match Required	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024

¹ A mental health family--controlled organization is one where more than 50 percent of the organization's Board of Directors are family members who have primary daily responsibility for the raising of a child or youth with a serious emotional disturbance (SED)."

² A primary caregiver is an individual who has day to day decision making responsibility for and provides a significant level of care and support for the child, youth, or young adult with SED. Examples of a primary caregiver include a biological parent, an adoptive parent, foster parent, grandparent, sibling, kinship caregiver, and others as defined by a family."

Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>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.</p> <p>[See Section III-1 for complete eligibility information.]</p>
Authorizing Statute:	[Section 520A of the Public Health Service Act (42 USC 290bb-32), as amended.]

I. PROJECT DESCRIPTION

1. PURPOSE

The purpose of this program is to provide resources to enhance the capacity of statewide mental health family-controlled organizations to engage with family members/primary caregivers who are raising children, youth, and young adults with serious emotional disturbance (SED) and/or co-occurring disorders (COD). Recipients are expected to be family-driven, trauma-informed, culturally relevant, holistic, and resiliency-oriented family-controlled organizations. With this program SAMHSA aims to transform mental health and related systems in states empowering family-controlled organizations to participate meaningfully in SED policy development and service delivery.

The goals of the program:

- Enhance family/caregiver participation, voice, leadership, and empowerment statewide to effect systems change and improve the quality of mental health services;
- Facilitate access to evidence-based and promising family/caregiver peer delivered practices;
- Enhance knowledge, skills, and abilities related to mental health services for family/caregiver peer support providers across the state;
- Emphasize and build family/caregiver leadership within family/caregiver-controlled organizations and in communities across the state, and through partnerships and collaboration with allied stakeholders;
- Build capacity and sustainability of statewide family/caregiver networks; and
- Increase family-to-family connectedness and reduce family feelings of isolation.

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 where there is not an active SFN award. The following states have an active SFN award funded under the FY 2022 Statewide Family Network NOFO (SM-22-010): Minnesota, Wisconsin, Wyoming, Washington, Virginia, New Jersey, New Hampshire, Georgia, Michigan, North Dakota, Vermont, Idaho, Nevada. Applications from these states are not eligible to apply for the FY 2024 NOFO and will be administratively screened out before the peer review process. The

Statewide Family Network Program is authorized under Section 520A (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.

Key personnel for this program is the Project Director, with at least a 10 percent Level of Effort. The Project Director is responsible for oversight of the project, including the technical aspects of the award and day-to-day management 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 of the required activities listed below. Funds must be primarily used to support capacity building. Capacity building involves strengthening the ability of your organization to meet identified goals.

- Providing individual family advocacy and support for families raising children with SED [e.g., attending and participating in meetings with family members in any system touching their child with a SED/COD; Individualized Education Programs (IEPs) at schools; juvenile justice court hearings; service planning meetings with child welfare; completing applications for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI); wraparound service planning process meetings with mental health providers; appointments with medical providers such as psychiatrists, psychologists or medical specialists; and vocational rehabilitation planning meetings for those transitioning into adult systems].
- Activities should include:
 - In partnership with local family/caregiver organizations, providing workshops addressing the needs of families/caregivers raising children, youth, and young adults with SED/COD, including the challenges specific to underserved, culturally, racially, and ethnically diverse families.
 - Supporting the development and implementation of respite care programs specifically designed to meet the array of needs of diverse families with children experiencing SED/COD.

- Providing information to the public about issues experienced by primary caregivers raising children, youth, and young adults with SED/COD via electronic newsletters and through relationships with local family organizations (e.g., SAMHSA's Children's Mental Health Initiative).
- Enhancing family voice, empowerment, and participation in behavioral health policy, planning, and implementation across your state. The following activities should include families from underserved and under-resourced communities.
 - Providing leadership development, training, outreach, and education for family/caregivers to facilitate and expand their participation in partnering with state and community agencies concerning behavioral health policy development and implementation to support needed family/caregiver voice, direction, empowerment and participation in treatment and service systems improvements;
 - Increasing the number and diversity of families/caregivers in the state that are included in workgroups, advisory councils, councils, and committees to effect systems change that is recovery-focused, trauma-informed, culturally appropriate, holistic, and resilience-oriented;
 - Supporting the development and implementation of statewide processes addressing peer support for families/caregivers (e.g., introduction and/or adoption of evidence-based practices (EBP), culturally adapted EBPs, and promising peer support practices, training, supervision, and/or certification).
 - Attending and participating in local, state, and/or national meetings and conferences to provide information about mental health issues affecting children and youth with SED/COD and input and feedback about service and system planning.
- Increasing family involvement and leadership in workforce and program development to enhance access to and availability of evidence-based and promising practices that are holistic, family/caregiver-driven, and trauma informed. Areas of focus should include:

- Models and best practices for trauma-informed peer support and related systems change³;
- Family-to-family peer support models focused on specific issues which could include advocating for and working with families whose children need assistance in navigating the mental health, juvenile justice, child welfare, substance use disorder systems, and education systems to ensure that they have access to services that meet the identified needs of their children and are inclusive of meaningful family involvement;
- Wellness and/or whole health integrated care models and supports;
- Crisis response services and supports across a continuum of need (e.g., warmlines, family/caregiver peer respites, mobile crisis services, family/caregiver peer bridgers, 988 crisis line);
- Family/caregiver peer workforce development in supported employment and supported education activities; and/or
- Foster collaboration with other family/caregiver support organizations that address needs of adults, older adults, or special populations such as veterans and individuals with substance use disorders (SUD), intellectual/developmental disabilities (IDD), and/or physical disabilities.

4. ALLOWABLE ACTIVITIES

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

- Providing training and technical assistance to grassroots family-driven and youth-guided recovery support service organizations in areas including, but not limited to, the following:
 - Organizational development;
 - Non-profit management;
 - Community development;
 - Services financing;
 - Respite care;

³ See the Guiding Principles of a Trauma-Informed Approach and the 10 Domains for Implementing a Trauma-Informed Approach in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

- Sustainability;
 - Leadership development including youth leadership;
 - Recovery programming;
 - Rights protection;
 - Digital peer support; and
 - Support for parents and/or primary caregivers of adult children (age 24+).
- Creating, maintaining, and supporting a 1-800 number for family members to obtain information and support.
 - Collaborating with state networks representing adult and youth mental health consumers.
 - Working with the State Education Agency and other state offices to encourage screening and early identification of children and youth with SED/COD in schools and to establish school-based mental health services.
 - Working with state organizations of medical providers to encourage screening and early identification of children and youth with SED/COD in primary care settings.

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 of individuals who have received training in prevention or mental health promotion.
- b. The number and percentage of work group/advisory group/council members that are consumers/family members.

- c. The number of consumers/family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.

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

Project Performance Assessment

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. After submitting your Disparity Impact Statement (DIS), you will be expected to collect data to evaluate whether the disparities you identified 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.⁴ These are part of SAMHSA's core principles, in as documented in our strategic plan.

⁴ "[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.

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.

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.⁵

⁵ https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

- 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](#)).

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](#), [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

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	\$1,116,777
Estimated Number of Awards:	9
Estimated Award Amount:	Up to \$120,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 3 years
Anticipated Start Date	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.

Recipients that received funding under the FY 2022 Statewide Family Network NOFO (SM-22-010) are not eligible to apply.

SAMHSA will only make one award per state where there is not a currently funded SFN award. The following states have an active SFN award: Minnesota, Wisconsin, Wyoming, Washington, Virginia, New Jersey, New Hampshire, Georgia, Michigan, North Dakota, Vermont, Idaho, Nevada. Applications from these states will be screened out and not reviewed.

SAMHSA will only fund family-controlled organizations that are comprised of more than 50 percent family members/primary caregivers who are currently raising children with SED. Applicants must submit a letter from their Board of Directors attesting that the Board of Directors is comprised of more than 50% family members/caregivers with lived experience caring for a child with SED in **Attachment 9**.

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.

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**
Include Letters of Commitment from other organizations that will partner in the project. (Do not include any letters of *support*. Reviewers will not consider them.)
- **Attachment 2: Data Collection Instruments/Interview Protocols**
You do not need to include standardized data collection instruments/interview protocols in the application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, include a copy. Provide a publicly available web link to the appropriate instrument/protocol.
- **Attachment 3: Sample Consent Forms**
Include, as appropriate, informed consent forms for:
 - service intervention
 - exchange of information, such as for releasing or requesting confidential information

- **Attachment 4: Project Timeline**
Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, [B.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**
SAMHSA will only fund family-controlled organizations that are comprised of more than 50 percent family members/primary caregivers who are currently raising children with SED. Applicants must submit a letter from their Board of Directors attesting that the Board of Directors is comprised of more than 50% family members/caregivers with lived experience caring for a child with SED.

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 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.

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

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

All SAMHSA programs are covered under [Executive Order \(EO\) 12372](#), as implemented through Department of Health and Human Services (HHS) 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 1 page)

1. Identify and describe the geographic area where the project will be implemented and how family member/primary caregiver(s) currently raising children, youth, or young adults with SED/COD will be impacted. Provide a demographic profile of the population(s) to be served (family members/primary caregivers raising children, youth, or young adults with SED/COD) 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 service infrastructure to more effectively respond to and meet the needs of family member/primary caregivers who are raising children, youth, or young adults with SED/COD, including those who are underserved or under-resourced. Include information on the service gaps and other problems related to the need for capacity building. Identify the source of the data (for example, the [National Survey on Drug Use and Health \(NSDUH\)](#), [County Health Rankings](#), [Social Vulnerability Index](#), etc.).

SECTION B: Proposed Implementation Approach (40 points – approximately 5 pages not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need outlined in A.2, including outreach to family members/primary caregivers who are currently raising children, youth, and young adults with SED/COD. (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 ensure these activities are family-driven, trauma-informed, culturally relevant, holistic, and resiliency oriented.
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 (25 points – approximately 3 pages)

1. Describe your experience responding to and meeting the needs of family members/primary caregivers who are currently raising children, youth, and young adults with SED/COD. This should include specific information about how your organization has been involved in building the capacity of statewide mental health family-controlled organizations to engage with those families and other stakeholders to promote service system capacity and infrastructure that is family-driven, trauma-informed, culturally relevant, holistic, and resiliency-oriented. Describe the experience of your organization working with diverse populations including underserved and historically under-resourced populations.
2. Describe how your organization uses the expertise of family members/primary caregivers currently raising children with SED/COD to govern and guide the work of your organization (including executive and front-line staff). Include how they reflect the culture and ethnicity of the families needing your support.
3. Document that your Board of Directors is comprised of more than 50 percent family members/primary caregivers who are currently raising children with SED (**Attachment 9**). [**Note:** This attachment does not count towards the page limit for the Project Narrative.]
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, including their experience working

with and providing services to family members/primary caregivers currently raising children, youth, or young adults with SED/COD. Letters of Commitment from each partner organization must be included in **Attachment 1**. Indicate in your response to this criterion 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, and working with underserved and historically under-resourced populations.

SECTION D: Data Collection and Performance Measurement (20 points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program (see the *Application Guide*, [Section E](#)).

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

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

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

3. REVIEW AND SELECTION PROCESS

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

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

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

- Availability of funds.
- Recipients that received funding under the FY 2022 Statewide Family Network NOFO (SM-22-010) are not eligible to apply.
- SAMHSA will only make one award per state where there is not a currently funded SFN award. The following states have an active SFN award: Minnesota, Wisconsin, Wyoming, Washington, Virginia, New Jersey, New Hampshire, Georgia, Michigan, North Dakota, Vermont, Idaho, Nevada. Applications from these states will be screened out and not reviewed.
- SAMHSA will only fund family-controlled organizations with a Board of Directors comprised of more than 50 percent family members/primary caregivers who are currently raising children with SED. Submission of any required documentation must be received prior to making an award.
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with [45 CFR 75.212](#), SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR 75.205](#) HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

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

If your application is approved for funding, a [Notice of Award \(NoA\)](#) will be emailed to the following: 1) the Signing Official identified on page 3 of the SF-424 (Authorized

Representative section); and 2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

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

3. REPORTING REQUIREMENTS

Recipients are required to submit annual Programmatic Progress Reports 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.
- Program-specific measurements, including the number of families and individuals supported through the planning and advocacy efforts.
- 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:

Lauren Grimes
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Substance Abuse and Mental Health Services Administration
(240) 276-1164
Lauren.Grimes@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For review process and application status questions, contact:

Hawa Kamara
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