

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

**FY 2024**

**State Opioid Response (SOR)/Tribal Opioid Response  
(TOR) Technical Assistance**

**(Short Title: SOR/TOR TA)**

**(Initial Announcement)**

**Notice of Funding Opportunity (NOFO) No. TI-24-012**

**Assistance Listing Number: 93.243**

**Key Information:**

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| <b>Application Deadline</b>                  | <b>Applications are due by July 15, 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 application deadline. See <a href="#">Section I</a> of the <i>Application Guide</i> .   |

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| <b>Electronic Grant Application Submission Requirements</b> | <p><b>You must complete three (3) registration processes:</b></p> <ol style="list-style-type: none"><li>1. System for Award Management (SAM);</li><li>2. Grants.gov; and</li><li>3. eRA Commons.</li></ol> <p><b>See <a href="#">Section A</a> of the <i>Application Guide</i></b> (Registration and Application Submission Requirements) <b>to begin this process.</b></p> |
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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for the fiscal year (FY) 2024 State Opioid Response (SOR)/Tribal Opioid Response (TOR) Technical Assistance (TA) program. The purpose of this program is to advance the provision of trauma-informed, culturally relevant, and evidence-based substance use-related approaches and interventions across the country, and across the lifespan, to reduce the impacts of opioid and stimulant misuse and use disorders on individuals, families, and communities. The recipient is expected to provide free educational resources and technical assistance across the continuum of prevention, harm reduction, treatment, and recovery support services to SOR and TOR recipients, other SAMHSA grant recipients as appropriate (e.g., harm reduction, rural, etc.), the health care workforce, states, Tribes, and community-based organizations.

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|---|--|
| <b>Funding Opportunity Title:</b>         | State Opioid Response (SOR)/Tribal Opioid Response (TOR) Technical Assistance (TA) (Short Title: SOR/TOR TA) |
| <b>Funding Opportunity Number:</b>        | TI-24-012  |
| <b>Due Date for Applications:</b>         | July 15, 2024  |
| <b>Estimated Total Available Funding:</b> | \$18,500,000   |
| <b>Estimated Number of Awards:</b>        | One (1)  |
| <b>Estimated Award Amount:</b>            | Up to \$18,500,000 per year  |
| <b>Cost Sharing/Match Required:</b>       | No   |
| <b>Length of Project Period:</b>          | Up to 3 years  |
| <b>Anticipated Project Start Date:</b>    | September 30, 2024   |
| <b>Anticipated Award Date:</b>            | No later than September 29, 2024   |

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|------------------------------------|--|
| <p><b>Eligible Applicants:</b></p> | <p>Eligible applicants are States and Territories, 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> |
| <p><b>Authorizing Statute:</b></p> | <p>SOR/TOR TA grant is authorized under the Further Consolidated Appropriations Act, 2024, Division D, Title II, [Public Law 118-47] and section 1003 of the 21st Century Cures Act [Public Law 114-255] (42 USC 290ee–3 note), as amended.</p>  |

# I. PROGRAM DESCRIPTION

## 1. PURPOSE

The purpose of this program is to provide the technical assistance and training necessary to ensure the provision, across the country and across the lifespan, of trauma-informed, culturally-relevant, and evidence-based prevention, harm reduction, treatment, and recovery support programs and services for opioid and stimulant misuse and use disorders and concurrent substance use disorders.

According to provisional data from the Centers for Disease Control and Prevention (CDC), 106,363 drug overdose deaths occurred in the United States during the 12-month period ending in August 2023. Of these, 80,609 involved opioids.<sup>1</sup> Illicitly manufactured fentanyl continues to drive the majority of deaths, but mortality rates due to cocaine and psychostimulants such as methamphetamine have also increased. Overdose deaths involving stimulants increased by six percent from 2022 to 2023.<sup>2</sup>

Despite the high rates of overdose, many people who require behavioral health services do not receive culturally relevant, evidence-based care, due in part to behavioral health workforce shortages as well as deficiencies in knowledge, skills, and capacity across the workforce and healthcare system to meet the unmet needs of diverse and underserved populations. The Health Resources and Services Administration (HRSA) projects substantial shortages of addiction and mental health counselors, psychologists, and psychiatrists in 2036. Further, HRSA reports that the majority of the behavioral health workforce identifies as female and non-Hispanic White and may not be representative of the communities they serve.<sup>3</sup>

The SOR/TOR TA Cooperative Agreement program is a strategy to address these national crises. SAMHSA aims to respond to state, regional, and local needs by providing free substance use-related educational resources and training to SOR and TOR recipients, other SAMHSA recipients as appropriate (e.g., harm reduction, rural, etc.), the health care workforce, states, Tribes, communities, and community-based organizations. This award will be provided to a single entity, which will serve as the central coordinating point for ensuring the requirements of this funding opportunity are met. The recipient is expected to use innovative strategies to promote the provision of

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<sup>1</sup> Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Accessed December 15, 2023. Available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>2</sup> Ahmad, F.B., Rossen, L.M., Sutton, P. (2021). Provisional drug overdose death counts. National Center for Health Statistics.

<sup>3</sup> Health Resources and Services Administration. Behavioral Health Workforce Analysis. U.S. Department of Health and Human Services. Published 2023. Accessed April 22, 2024: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

trauma-informed, culturally-relevant, evidence-based prevention, harm reduction, treatment, and recovery support services to address opioid and stimulant misuse and use disorders across the country and across the developmental lifespan.

SAMHSA encourages the recipient to explicitly address the diverse behavioral health needs of underserved communities as defined by [Executive Order 13985](#). Currently the rates of overdose deaths in Black, Non-Hispanic, and American Indian/Alaska Native/Non-Hispanics exceeds that of White/Non-Hispanics. It is expected that the recipient will address disparities in services and outcomes including those provided through the SOR and TOR programs, as well as other relevant SAMHSA programs, ensuring that technical assistance is provided by experts who have competence in prevention, harm reduction, and substance use disorder treatment and recovery and expertise in outreach, engagement, and treatment with underserved populations.

The recipient 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). The recipient must also agree to comply with federal conscience laws, where applicable.

The SOR/TOR TA grant is authorized under the Further Consolidated Appropriations Act, 2024, Division D, Title II, [Public Law 118-47] and section 1003 of the 21st Century Cures Act [Public Law 114-255] (42 USC 290ee–3 note), 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 are the Project Director, Project Coordinator, Outreach Coordinator with 100% level of effort each (1.0 FTE), and Evaluator with 50% level of effort (0.5 FTE).**

- The **Project Director** is responsible for oversight of the entire project, including overseeing, monitoring, and managing the award.
- The **Project Coordinator** is responsible for the day-to-day operations of the project.
- The **Outreach Coordinator** is responsible for regularly promoting project activities and services and conducting outreach to diverse audiences on the availability of technical assistance and training and building partnerships with trusted organizations and leaders who are critical in connecting people in underserved communities with harm reduction, prevention, treatment, and recovery supports. This Coordinator also provides oversight of the required



website to ensure resources and products are regularly added and disseminated to SOR and TOR recipients and stakeholders in the field.

- The **Evaluator** is responsible for evaluating the processes and outcomes of the project.

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

Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

### **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.

**The recipient is required to carry out each of these activities.**

#### ***Needs Assessment***

- Develop a needs assessment to identify service gaps, barriers, and other problems related to training and TA on the provision of evidence-based prevention, harm reduction, treatment, and recovery support programs/services for opioid and stimulant misuse and use disorders, including a specific focus on the needs of underserved communities. The needs assessment must be included in **Attachment 9** of your application.

#### ***Outreach, Marketing, and Website Development***

- **Within 90 days of receipt of award**, build and maintain a searchable, public website that serves as a clearinghouse for opioid and stimulant misuse and use disorders prevention, harm reduction, treatment, and recovery support products (curricula, trainings, distance learning programs, etc.). All products must be shared with SAMHSA on a monthly basis for archiving in a SAMHSA-designated repository.
  - The website should also include readily understandable, plain language materials for underserved communities aimed at reducing stigma and educating about harm reduction, treatment, and pathways to recovery.
  - The website must include a search function and provide and maintain culturally and linguistically appropriate internet-based information and resources to cover the developmental lifespan and must include, but is not limited to, the following:

- A feature to request technical assistance;
  - A catalog of topics available for technical assistance;
  - A resource tab to include fact sheets, past/recorded webinars categorized by topics, resources specific to priority populations (i.e., LGBTQI+, justice-involved individuals, people who use drugs (PWUD), adolescents, older adults, Black/African Americans, and American Indian and Alaskan native tribes), in various translations, as feasible;
  - Links to the SAMHSA [Evidence-Based Practices Resources Center](#) (EBPRC) and SAMHSA [Store of Publications and Digital Products](#); and
  - A calendar of upcoming events.
- **Within 90 days of receipt of award**, develop and implement a **marketing and outreach engagement strategy** for the available TA services that will be updated quarterly with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached, etc.). This strategy should use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand and readily available.

### ***Training and Technical Assistance Delivery***

- **Within 90 days of receipt of award**, provide training and technical assistance on trauma-informed, culturally-relevant, evidence-based prevention, harm reduction, treatment, and recovery support services to address opioid and stimulant misuse and use disorders across the developmental lifespan. This training and technical assistance must be tailored to the diversity of communities across the country, including underserved communities, and recognize that a single, blanket approach may not be equally effective for all communities and population groups. Retention strategies may be especially important for underserved communities and may include addressing trauma and health-related social needs.
- Oversee and coordinate the provision of universal, responsive/targeted, and implementation/intensive TA across the country:
  - 1) **Universal TA:** Training and technical assistance (TTA) resources, available in the online, searchable clearinghouse, to address opioid and stimulant misuse and use disorders, and concurrent substance use disorders.
  - 2) **Responsive/Targeted TA:** Short-term training and education for a target audience (in-person or virtual), including presentations/webinars, convenings/discussion groups, etc.

- Responsive/targeted TTA is designed to respond to local needs on-demand. It is provided in response to a request made via the public website.
- The recipient will identify subject matter expert (SME) consultant TA providers in each of the SOR and TOR states and territories who are available to provide targeted TA requested via the public website.

**3) Implementation/Intensive TA:** Ongoing in-person and virtual coaching/consultation with specific SOR and TOR recipients, other SAMHSA recipients as appropriate (e.g., harm reduction, rural, etc.), health care practices, health systems, local and states agencies, Tribes, communities, and community-based organizations on topics of significance, identified in collaboration with SAMHSA, and grounded in implementation science.

- The recipient (directly or through a sub-award) will identify, manage, and coordinate full-time project staff in each of the 10 Health and Human Services (HHS) regions to serve on multi-disciplinary Implementation/Intensive TA Teams. These teams will review and respond to requests for Implementation/Intensive TA including the provision of implementation/intensive TA in their respective regions. The competencies, scopes of practice (e.g., medicine, nursing, pharmacy, social work, counseling, peer services, etc.), and skills of the team need to reflect the spectrum of evidence-based practices across prevention, harm reduction, treatment, and recovery consistent with the purpose of the program and topical workgroup areas as described below.
- Implementation/intensive TTA is designed to focus on change in practice and implementation of evidence-based practices (EBPs) related to prevention, harm reduction, treatment and recovery support services for opioid use disorder (OUD) and stimulant use disorder. It targets specific topics and populations, includes on-the-ground involvement of Implementation/Intensive TA teams with subject matter expertise, tailored to the specific implementation/intensive TA request, and promotes peer-to-peer sharing.
- This may include TA on strategic planning, conducting needs assessments, and other capacity building activities, as requested through the public website and as directed by SAMHSA.
- This will also include conducting learning communities, on-site implementation projects, and other “EBP implementation

academies,” as requested through the public website and as directed by SAMHSA.

### ***Prerequisites for Training and Technical Assistance Providers***

- Provide an extensive orientation training to all TA providers (SME consultants and, separately, Implementation/Intensive TA team members) on their responsibilities and other items relevant to fulfilling the expectations of their specific roles and functions.
- All TA providers (SME consultant TA providers and Implementation/Intensive TA team members) should be able to provide localized, tailored training and TA on issues including but not limited to:
  - Pain management/safe opioid prescribing training to healthcare licensees in the jurisdiction.
  - Screening and assessing for the presence/diagnoses of opioid use, stimulant use disorders, co-occurring mental health conditions, suicidality, and strategies for clinicians to address these issues.
  - Addressing opioid and stimulant misuse and use disorders, and other co-occurring substance use disorders (SUD) for individuals with traumatic or acquired brain injury.
  - Implementing and participating as a trainer in training activities using distance models such as Project ECHO, etc.
  - Implementing OUD and stimulant use disorder services at existing treatment facilities, including a focus on medications for the treatment of opioid use disorder (MOUD) as the standard of care for OUD.
  - Supporting shadowing activities as a way of modeling EBPs to programs, practices, or healthcare professionals new to providing services related to OUD and stimulant use disorders.
  - Developing a network of peers, associated services, and EBPs aimed at prevention activities directed to high-risk groups and assisting state/territory and Tribes/Tribal organizations staff in consideration of policy needs as they relate to safe opioid prescribing and other overdose prevention policies, programs, and practices.
  - Integrating harm reduction approaches and services across clinical and community settings consistent with the [SAMHSA Harm Reduction Framework](#).
  - Effective strategies related to the implementation of harm reduction education, messaging, and services, including those related to emerging drug threats in the context of fentanyl, SUD treatment, and other relevant clinical and non-clinical settings. This includes Motivational Interviewing and Motivational Enhancement approaches.
  - How to appropriately integrate telehealth into the treatment of OUD and stimulant use disorders, particularly in rural and hard-to-reach areas.
  - Implementation of effective and therapeutic Contingency Management.

- Identify licensed physicians with expertise in OUD/stimulant use disorders, preferably with either board certification in addiction psychiatry or addiction medicine to serve as: 1) SME TA consultants from each state/territory who will provide Responsive/Targeted TA; and 2) members of the Intensive/Implementation TA Teams in each of the 10 HHS regions. For Tribes, identify a physician in each Indian Health Service (IHS) area with access to all federally-recognized Tribes in that area, with expertise in substance misuse/substance use disorder, preferably with either board certification in addiction psychiatry or addiction medicine to serve as a SME TA consultant who will provide Responsive/Targeted TA.
- Ensure each regional/local physician and other practitioners (advanced practice nurses, physician assistants), clinicians, peers, pharmacists, and other healthcare professionals providing TA, whether serving as a SME TA consultant or a full-time member of the Implementation/Intensive TA team, are well versed on issues in their specific localities. This includes any state/territory, Tribes/Tribal organization laws/regulations related to either the provision of opioid or stimulant use disorder prevention, treatment, harm reduction, trauma-informed care, and recovery support services across the developmental lifespan.
- Ensure that any turnover in all TA providers (SME consultants and Implementation/Intensive TA team members) is addressed expeditiously to maintain a continual TA presence for the state/territory and Tribes/Tribal organizations.

### ***Focus Areas and Recipients of Training and Technical Assistance***

- Ensure educational resources, training (including on-site), and technical assistance are available to SOR and TOR recipients, other SAMHSA recipients as appropriate (e.g., harm reduction, rural, etc.), the health care workforce, health systems, states, and customized for Tribes, communities, and community-based organizations, especially those serving underserved populations.
- Work with SOR and TOR recipients and other SAMHSA recipients as appropriate (e.g., harm reduction, rural, etc.) to:
  - Identify barriers to the provision of effective interventions to address the nation's overdose crisis and work to address these barriers.
  - Ensure that the TA provided is meeting the goal of enhancing the culturally relevant EBPs delivered by SAMHSA programs.
- Provide culturally-responsive TTA to TOR recipients, including:
  - Training and technical assistance on naloxone and other opioid overdose reversal medications and saturation mapping to help assess the extent to

which the need for naloxone and other opioid overdose reversal medications is being met in Tribal communities.

- Training and technical assistance on implementation of overdose education and naloxone and other opioid overdose reversal medication distribution and saturation.
  - Monthly webinars on prevention, treatment, recovery, and harm reduction for opioid and stimulant use disorders.
  - Monthly virtual regional meetings convening TOR recipients according to IHS areas.
  - Culturally-specific tribal healing practices incorporated into treatment and recovery efforts.
- Identify harm reduction organizations that have a history (at least five years) of working directly with community-based harm reduction programs and services to provide trusted and accessible TA across all levels of TA to SAMHSA harm reduction recipients and the field more broadly.
  - Assess TA needs within rural communities to facilitate the identification of appropriate model programs, and to develop and update materials related to the prevention, harm reduction, treatment, and recovery activities for opioid and stimulant misuse and use disorders in rural and hard-to-reach communities.
    - Establish communication and collaboration with existing [United States Department of Agriculture \(USDA\) funded Cooperative Extension](#) recipients.
  - Provide TA/education on health disparities, including differences in access to harm reduction, treatment, and recovery support services, affecting people with OUD, stimulant use disorders, and/or co-occurring SUDs and strategies for how to reach underserved communities, including those who have historically been disproportionately impacted by drug enforcement policies and other forms of historical trauma. The TA/education should include the role of peers in addressing stigma and health-related social needs.
  - Develop strategies and materials to enhance recruitment and retention of mental and substance use disorders practitioners.
  - Address workforce issues across state/territory and Tribes/Tribal organizations with the goal of increasing access to culturally relevant OUD and stimulant use disorders interventions through expansion of a trained healthcare workforce, including physicians, nurses, physician assistants, and other practitioners, clinicians, peers, pharmacists, and other healthcare professionals.

### ***Other Partners and Operational Structure***

- Work collaboratively with other TTA providers, in SAMHSA and other organizations, to leverage resources and address the needs of the SOR and

TOR recipients, other SAMHSA recipients as appropriate (e.g., harm reduction, rural, etc.), health care workforce, health systems, states, Tribes, communities, and community-based organizations (e.g., faith-based organizations, community centers, domestic violence shelters, etc.).

- These TTA providers include, but are not limited to, the [Addiction Technology and Transfer Center Network](#), the SAMHSA [Tribal Training and Technical Assistance Center](#), [PCSS-MOUD](#), and the Centers of Excellence (COEs) in Behavioral Health for African Americans; Asian American, Native Hawaiian and Pacific Islanders; Hispanic/Latino; LGBTQ+; and American Indian/Alaskan Native. For more information on other SAMHSA Technical Assistance providers, go to: <https://www.samhsa.gov/practitioner-training>.
- **Within 90 days of receipt of award**, establish a SOR/TOR TA **Steering Committee**, which will provide guidance to the topical workgroups and set priority areas for the award. The Project Director will be the Chair of the Steering Committee. The committee must be diverse and include other key personnel (Project Coordinator and Outreach Coordinator), people with experience of drug use and/or SUD, individuals with experience providing community-based harm reduction services, and SAMHSA representatives. The Steering Committee will meet once per quarter, or as directed by the needs of the committee.
- **Within 90 days of receipt of award**, establish compensated, **topical workgroups** that will vet products/materials and recommend SME consultant TA providers in response to Responsive/Targeted TA requests.
  - Topical workgroups will be comprised of members from within and outside of the recipient organization, including experts in OUD and stimulant use disorders, community leaders, individuals that have experience providing community-based harm reduction services, people with experience of drug use and/or SUD, including representatives from underserved communities.
  - Individual topical workgroups must include, but are not limited to, harm reduction, criminal justice, rural communities, Tribal/Indigenous communities, Black/African American communities, and sexual and gender minority communities.

#### 4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities after ensuring that they can carry out all required activities:

- Develop and provide training and other resource materials for a variety of audiences and populations (e.g., clinical supervisors, human resource managers, administrators and state/territory agency and Tribes/Tribal organizations staff,

front-line counseling staff, underserved communities, adolescents, older adults, and LGBTQI+ populations, etc.).

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

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

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

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

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

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

The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by recipients will be used to demonstrate how SAMHSA's grant programs are reducing disparities in behavioral health access, service use, and outcomes nationwide. SAMHSA may add additional reporting measures throughout the reporting period.

Performance data will be reported to the public as part of SAMHSA's Congressional 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 quarterly Programmatic Progress Reports (See [Section VI.3](#) for a description of reporting requirements.)

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

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

## 6. OTHER EXPECTATIONS

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

SAMHSA expects you to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.<sup>4</sup> These are part of SAMHSA’s core principles as documented in our strategic plan.

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

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

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;

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<sup>4</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.

- 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 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.

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

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

### *Behavioral Health Disparities*

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

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

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

[Per Title VI of the Civil Rights Act of 1964](#), recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See 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, veterans, and military families in designing and implementing their programs. You should consider prioritizing this population for services, where appropriate.

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

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

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

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

### *Behavioral Health Crisis and Suicide Prevention*

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

## **7. RECIPIENT MEETINGS**

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

## **II. FEDERAL AWARD INFORMATION**

### **1. GENERAL INFORMATION**

|   |  |
|---|--|
| <b>Funding Mechanism:</b>                 | Cooperative Agreement                                    |
| <b>Estimated Total Available Funding:</b> | \$18,500,000   |
| <b>Estimated Number of Awards:</b>        | One (1)  |
| <b>Estimated Award Amount:</b>            | Up to \$18,500,000 per year, inclusive of indirect costs |
| <b>Length of Project Period:</b>          | Up to 3 years  |
| <b>Anticipated State Date:</b>            | September 30,2024  |

**Proposed budgets cannot exceed \$18,500,000 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.

### **2. COOPERATIVE AGREEMENT REQUIREMENTS**

This award is being made as a cooperative agreement because it requires substantial post-award federal programmatic participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of the recipient and SAMHSA staff are:

### Role of Recipient:

The recipient must:

- 1) Comply with terms and conditions of the cooperative agreement award, and
- 2) Collaborate with SAMHSA staff in project implementation and monitoring.
- 3) Participate on a steering committee with SAMHSA representative(s) which guide the course of long-term projects or activities. The Project Director of the SOR/TOR TA award will be the Chair of the Steering Committee and the committee will meet at a minimum of once per quarter or as directed by the needs of the committee.
- 4) Participate in topical workgroups comprised of members from within and outside of the recipient organization, including experts in OUD and stimulant use disorders, community leaders, people with experience of drug use and/or SUD, including representatives from underserved communities. The frequency of the participation will be determined by the recipient and advisory members.
- 5) Respond to requests by the Government Project Officer (GPO) for information or data related to the program.

### Role of SAMHSA Staff:

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS) and site visits. The GPO will work with the recipient on implementing program activities and will make recommendations about program continuance.

SAMHSA staff will:

- 1) Maintain regular communication with the recipient through monthly conference calls and the provision of technical assistance and consultation.
- 2) Review and approve all key personnel.
- 3) Review and approve performance data and progress reports.
- 4) Recommend resources or activities to be implemented by the program in response to identified needs.
- 5) Ensure that the recipient has the expertise and staffing capacity to provide training and TA focusing on underserved communities.
- 6) Participate in a SOR/TOR TA Steering Committee which will provide policy and strategic direction for the SOR/TOR TA award, consistent with all applicable HHS and SAMHSA policy guidance statements and will include leaders from underserved communities, especially those with high overdose rates.
- 7) Identify topics of significance for Intensive/Implementation TA and provide input for selection of recipients and providers of Intensive/Implementation TA.
- 8) Ensure that the SME TA consultants and the regional full-time multi-disciplinary Intensive/Implementation Teams have the competence, scopes of practice, and skills necessary to provide TTA consistent with the purpose of the program.
- 9) Recommend resources and/or changes to the required website as needed.

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

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants are States and Territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of States, Indian tribes, or tribal organizations (as such terms are defined in [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.

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

#### **2. COST SHARING and MATCHING REQUIREMENTS**

Cost sharing/match is not required in this program.

#### **3. OTHER REQUIREMENTS**

There are no other requirements for this program.

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

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

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

#### **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

##### **REQUIRED APPLICATION COMPONENTS**

You must submit the standard and supporting documents outlined below and in [Section A–2.2 of the Application Guide \(Required Application Components\)](#).

All files uploaded as part of the application must be in Adobe PDF file format. See [Section B of the Application Guide](#) for formatting and validation requirements.

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

- **SF-424**—Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2027.
  - 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** fund

- **Section E**–Budget Estimates of federal Funds Needed for the Balance of the Project: enter the total funds requested for the out years (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 25 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 30, it is 26 pages long, not 25 pages). Instructions for completing each section of the Project Narrative are provided in [Section V.2](#)–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 any organization(s), including those from underserved communities, partnering in the project. **(Do not include any letters of support. Reviewers will not consider them).**
- **Attachment 2: Data Collection Instruments/Interview Protocols**  
You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview



protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- **Attachment 3: Sample Consent Forms**  
Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in the training and (2) informed consent for participation in the data collection component of the project.
- **Attachment 4: Project Timeline**  
**Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages.** See instructions in [Section V, B.3](#).
- **Attachment 5: Biographical Sketches and Position Descriptions**  
See [Section F](#) of the *Application Guide–Biographical Sketches and Position Descriptions* for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.
- **Attachment 6: Letter to the State Point of Contact**  
Review information in [Section IV.6](#) and see [Section I](#) of the *Application Guide–Intergovernmental Review* for detailed information on E.O. 12372 requirements to determine if this applies to you.
- **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**  
This **required** attachment is in response to [Section C](#) of the *Application Guide* and reviewers will assess the response.
- **Attachment 8: Documentation of Non-profit Status**  
Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid Internal Revenue Service tax exemption certificate.
  - A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status.
  - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status; or
  - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

- **Attachment 9: Needs Assessment**

This attachment is in response to [Section I-1.3](#) of the NOFO.

### **3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT**

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

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

**Submit your applications no later than 11:59 PM (Eastern Time) on July 15, 2024.**

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

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

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

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

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

**No exceptions will be made.**

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

## 5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food is an unallowable expense under SAMHSA training awards.
- The indirect cost rate may not exceed **eight percent** of the proposed budget. Even if an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **eight percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000. (45 CFR Part 75.414)

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

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

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

## 7. OTHER SUBMISSION REQUIREMENTS

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

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

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

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A-D) may be no longer than **25 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  
(20 points – approximately 3 page)**

1. Identify and describe the geographic areas where the project will be implemented and the population(s) of focus [training and/or technical assistance (TA) recipients] that will be impacted by this project, including underserved and historically under-resourced populations to the extent possible.
2. Provide a demographic profile of the population(s) of focus in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
3. Based on your needs assessment, describe the service gaps, barriers, and other problems related to the need for training and/or TA with the population(s) of focus in the proposed geographic area. Identify the source of the data (for example, the [National Survey on Drug Use and Health \(NSDUH\)](#), [County Health Rankings](#), [Social Vulnerability Index](#), etc.).
4. In **Attachment 9\***, provide your Needs Assessment. It must include the required elements for the Needs Assessment outlined in Section I-1.3- Required Activities.

**\*Note: Attachment 9 must not exceed 5 pages.**

**SECTION B: Proposed Implementation Approach**  
**(35 points – approximately 13 pages not including Attachment 4 – Project Timeline)**

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

| Number of Unduplicated Individuals to be Trained with Award Funds |        |        |       |
|---|--------|--------|-------|
| Year 1  | Year 2 | Year 3 | Total |
|   |        |        |       |

2. Describe how you will implement the Required Activities in [Section I](#) and ensure that you are including TA specific to underserved communities and that this capacity is reflected in your contracted staffing.
3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire **three** years of the project period showing dates, key activities, and responsible staff.

**SECTION C: Staff and Organizational Experience**  
**(30 points – approximately 7 pages)**

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing training/TA to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.
2. Identify any other organizations that will meaningfully partner in the project, particularly any community-based organizations from underserved communities and those from which you plan to draw SME TA consultants and/or develop full-time regional multi-disciplinary Intensive/Implementation TA teams. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships and how you plan to manage and structure the full-time regional multi-disciplinary Intensive/Implementation TA teams. If applicable, include Letters of Commitment from each partner in **Attachment 1**. If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director, Project Coordinator, Outreach Coordinator, and Evaluator) and other significant personnel. For each staff member describe their:
  - Role;
  - Level of effort; and
  - Qualifications, including their experience providing services to the population(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under resourced populations.

## **SECTION D: Data Collection and Performance Measurement (15 points – approximately 2 pages)**

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

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

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

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

### **3. REVIEW AND SELECTION PROCESS**

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

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

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

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

## VI. FEDERAL AWARD ADMINISTRATION INFORMATION

### 1. FEDERAL AWARD NOTICES

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

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

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

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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



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

### **3. REPORTING REQUIREMENTS**

Recipient must provide four quarterly programmatic progress reports per year (3-month, 6-month, 9-month, and 12-month reports)—all of which are cumulative on the following measures:

- Number of practitioners trained on EBPs for prevention of OUD.
- Number of practitioners trained on EBPs for prevention of stimulant use disorders.
- Number of practitioners trained on EBPs for treatment of OUD, including diagnosis and the use of Food and Drug Administration (FDA)-approved medications for OUD.
- Number of practitioners trained on EBPs for treatment of stimulant use disorders.
- Number of practitioners trained on EBPs for harm reduction.
- Number of practitioners trained on overdose recognition and naloxone and other opioid overdose reversal medications use.
- Number of practitioners trained on recovery services and supports.
- Number of TA events provided to SAMHSA grant recipients (specify by grant program), topics, and recipients of TA.
- Number of targeted/responsive TA events, topic, types of organizations/groups, and number of participants.
- Number of implementation/intensive TA events, topic, types of organizations/groups, and number participants and follow-ups.
- Number of products and topics of resources and webinars uploaded to the public website.

The reports must be submitted within 30 days of the end of each quarter and must discuss:

- Updates on key personnel, budget, or project changes (as applicable),
- Progress achieving goals and objectives and implementing evaluation activities,
- Progress implementing required activities, including accomplishments, challenges and barriers, working with underserved communities, and adjustments made to address specific challenges in these communities,
- Problems encountered serving the populations of focus and efforts to overcome them,
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

The recipient will also be required to provide a narrative description of activities in which the TA teams participated within each jurisdiction. The recipient must also provide SAMHSA with an aggregated list of TA providers/consultants by state, with information



to include discipline and number of TA requests by type of TA responded to during the reporting period.

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

**Management of Award:** Recipients must also comply with [standard award management reporting requirements](#) unless otherwise noted in the NOFO or NoA.

## **VII. AGENCY CONTACTS**

For program and eligibility questions, contact:

Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
(240) 276-0300  
[OPIOIDSOR@samsha.hhs.gov](mailto:OPIOIDSOR@samsha.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  
[OPIOIDSOR@samsha.hhs.gov](mailto:OPIOIDSOR@samsha.hhs.gov)

For grant review process and application status questions, contact:

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