

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

**FY 2024 Sober Truth on Preventing Underage Drinking  
Act Grants**

**(Short Title: STOP Act Grants)**

(Modified Announcement)

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

**Assistance Listing Number: 93.243**

**Key Information:**

<b>Application Deadline</b>	<b>Applications are due by May 3, 2024.</b>
<b>NOFO Application Guide</b>	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide ( <a href="#">Application Guide</a> ). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments and budget.
<b>Intergovernmental Review (E.O. 12372)</b>	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See <a href="#">Section I</a> of the <i>Application Guide</i> .

**Electronic Grant  
Application Submission  
Requirements**

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

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

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

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), is accepting applications for the fiscal year (FY) 2024 Sober Truth on Preventing Underage Drinking Act Grants (Short Title: STOP Act Grants). The purpose of this program is to prevent and reduce alcohol use among youth and young adults ages 12 to 20 in communities throughout the United States. Award recipients will be expected to implement activities that support capacity building such as implementing evidence-based community approaches, enhancing collaboration, cooperation and coordination among communities, federal, state, and local and tribal governments, and convening Town Halls. Logic models and Action Plans will be developed to inform processes and initiatives. Award recipients will be expected to work with the Community Anti-Drug Coalitions of America (CADCA), the Strategic Prevention Technical Assistance Center (SPTAC), and the Prevention Technology Transfer Centers (PTTC) to ensure promising practices are shared to expand the reach of messaging and strategies to address underage drinking. In addition, recipients will build on strategic planning processes that were developed under a Drug Free Communities (DFC) award using the Strategic Prevention Framework model which aims to address underage drinking behaviors. With this program, SAMHSA aims to address the problem of underage drinking across the United States.

<b>Funding Opportunity Title:</b>	Sober Truth on Preventing Underage Drinking Act Grants (Short Title: STOP Act Grants)
<b>Funding Opportunity Number:</b>	SP-24-001
<b>Due Date for Applications:</b>	May 3, 2024
<b>Estimated Total Available Funding:</b>	Up to \$4,566,000
<b>Estimated Number of Awards:</b>	76
<b>Estimated Award Amount:</b>	Up to \$60,000 per year per award
<b>Cost Sharing/Match Required</b>	No
<b>Anticipated Project Start Date:</b>	September 30, 2024
<b>Anticipated Award Date:</b>	No later than September 29, 2024
<b>Length of Project Period:</b>	Up to four years

<b>Eligible Applicants:</b>	Domestic public and private non-profit entities that are current or former Drug Free Communities (DFC) Support Program recipients.  [See <a href="#">Section III-1</a> for complete eligibility information.]
<b>Authorizing Statute:</b>	Section 519B of the Public Health Service Act, (42 USC 290bb-25b)

# I. PROJECT DESCRIPTION

## 1. PURPOSE

The purpose of the STOP Act Grant program is to prevent and reduce alcohol use among youth and young adults ages 12 to 20 in communities throughout the United States. With this program, SAMHSA aims to: (1) address norms regarding alcohol use among youth; (2) reduce opportunities for underage drinking; (3) create changes in underage drinking enforcement efforts; (4) address penalties for underage use; and/or (5) reduce negative consequences associated with underage drinking (e.g., motor vehicle crashes, sexual assaults).

Alcohol use is responsible for more than 3,900 deaths annually among youth under the age of 21 in the United States ([Centers for Disease Control and Prevention \[CDC\], 2022](#)). According to the 2022 National Survey on Drug Use and Health (NSDUH), 10.9 million people age 12 to 20 (28.3% in this age group) reported that they drank in the past year ([NSDUH, 2022](#)). Furthermore, White youth (age 12 to 20) were more likely than Hispanic, Asian, or Black youth to report past month alcohol use, binge drinking, or heavy alcohol use ([SAMHSA, 2022](#)). Underage drinking increases risk for a variety of health and social problems during adolescence. Early initiation of alcohol use increases the risk for physical and sexual violence, development of an alcohol use disorder later in life, increased risk of suicide and homicide, memory problems, and misuse of other substances ([CDC, 2022](#); [SAMHSA, 2022](#)).

The STOP Act Grant program builds on strategic plans that were developed under a Drug Free Communities (DFC) award, utilizing the Strategic Prevention Framework ([SPF](#)) model. The program also uses the Community Anti-Drug Coalition of America's (CADCA) Seven Strategies for Community Level Change ([CADCA, 2010](#)). CADCA's seven strategies provide actionable areas that coalitions may leverage to affect positive individual and community-level change:

- Provide information
- Enhance skills
- Provide support
- Enhance access/reduce barriers
- Change consequences
- Change physical design
- Modify/change policies

An additional 10 points will be awarded in the peer review process to applicants who document that more than 50 percent of their population of focus will be from 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.

STOP Act awards are authorized under Section 519B [42 U.S.C. 290bb-25b] 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 are the Project Director and the Project Coordinator.**

- The Project Director is responsible for oversight of the entire project at a minimum level of effort of 10%.
- The Project Coordinator provides day-to-day management of the project at a minimum level of effort of 10%.

**If you receive an award, you will be notified if the individual(s) designated for these positions have 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 so that it can sustain or improve the delivery of prevention services. Capacity building also includes enhancing diversity, equity, and inclusion.

Recipients are required to:

- Identify, establish, and implement relevant evidenced-based community approaches that will expand and increase the coalition's ability to address underage drinking in the community, including underserved communities as described in [Executive Order 13895](#).
- Enhance intergovernmental (e.g., city, county, tribal, or state) cooperation and coordination to reduce alcohol use among youth and young adults. Examples of intergovernmental cooperation and coordination may include initiatives to



institute a minimum pricing policy on distilled spirits to reduce alcohol misuse and initiatives to change alcohol outlet density ordinances or laws. (For additional examples see [Implementing Community-Level Policies to Prevent Alcohol Misuse](#)).

- Increase citizen participation and greater collaboration among all sectors and organizations of a community to foster a long-term commitment to reducing alcohol use among youth.
- Implement evidence-based strategies to prevent and reduce underage drinking in communities. (For examples see [SAMHSA's Evidence-Based Practices Resource Center, State Performance & Best Practices for the Prevention and Reduction of Underage Drinking Report](#)).
- Develop a Logic Model to inform planning processes and activities to address underage drinking in the community. The Logic Model should be tied to goals, objectives, and activities identified in the Action Plan (see <https://pttcnetwork.org/centers/south-southwest-pttc/planning-examples>). The Logic Model must be submitted within 90 days of the start of the project period. Technical assistance will be provided post award.
- Develop a 12-month Action Plan that builds upon DFC planning processes (i.e., SPF) that enhances local community initiatives for preventing and reducing alcohol use among youth. Implement strategies and needed actions identified in the Action Plan as outlined in the Logic Model. The Action Plan must be submitted within 90 days of the start of the project period. Technical assistance will be provided post award.
- Convene Town Hall meetings (including underserved communities within the geographic area served by the coalition) to obtain public feedback about issues related to underage drinking in the community and utilize this feedback to implement change.
- Work with CADCA, the SPTAC, and the PTTC to ensure best practices are shared between CADCA, SPTAC, PTTC, and the STOP Act program to expand the reach of messaging regarding promising practices and strategies to address underage drinking.

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

This list shows the types of activities that are allowable with these funds. These are examples, not required activities. Examples of allowable activities linked to possible spending include, but are not limited to:

- Develop and disseminate an educational communications campaign to prevent and reduce youth alcohol use (e.g., ["Talk. They Hear You."](#)).
- Provide training for individuals who work with youth to support culturally appropriate, trauma-informed services.
- Host alcohol- and drug-free youth events with community partners.

- Enhance diversity, equity, and inclusion efforts.
- Link interventions to other alcohol, tobacco and substance use cessation efforts for youth (see, e.g., <https://www.samhsa.gov/find-help/atod/tobacco>; <https://www.samhsa.gov/resource/ebp/substance-misuse-prevention-young-adults>).

## 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.

Recipients are required to report the following performance measures:

- Total number of individuals **reached** through population-based prevention efforts by demographic category (i.e., gender, ethnicity, race, age).
- Total number of individuals **served** through direct prevention efforts by demographic category (i.e., gender, ethnicity, race, age).

Recipients are required to submit performance data on a quarterly basis via SAMHSA's Performance Accountability and Reporting System (SPARS); access will be provided upon award. Additional information about SPARS can be found at <https://spars.samhsa.gov/>. Technical assistance related to data collection and reporting will be offered post award by Government Project Officers, CSAP's Office of Prevention Innovation, and the SPARS Help Desk.

Recipients are also required to report outcomes annually including the following measures:

1. Past 30-day use (alcohol only)
2. Perception of risk or harm (alcohol only)
3. Perception of parental disapproval of use (alcohol only)
4. Perception of peer disapproval of use (alcohol only)

This information will be gathered using local surveys determined by the recipient. Data will be reported for at least three grade levels (i.e., 6th through 12th grade) for alcohol use. It is important to note that the size of the data collection must be sufficient to provide an accurate and meaningful statistical representation of the geographic area

served by the coalition. Recipients are encouraged to use ongoing community data collection that includes these measures.

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.

A cross-site evaluation may be required to build the evidence base for this program. Recipients may be required to participate fully in all aspects of the evaluation. If applicable, details on the evaluation, including type of evaluation and questions, Recipients will be provided with additional requirements on the scope and expectations of the evaluation upon award.

### *Project Performance Assessment*

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

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

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

## **6. OTHER EXPECTATIONS**

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

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

behavioral health.<sup>1</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;
- 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;

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<sup>1</sup> “**Behavioral health**” means the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

- *Cultural, Historical, & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.<sup>2</sup>

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

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

#### *Behavioral Health Disparities*

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

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

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<sup>2</sup> <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>

to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (See the *Application Guide*, [Section J - Administrative and National Policy Requirements](#))

### *Tribal Behavioral Health Agenda*

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 faces, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

### *Behavioral Health Crisis and Suicide Prevention*

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and 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.

## II. FEDERAL AWARD INFORMATION

### 1. GENERAL INFORMATION

<b>Funding Mechanism:</b>	Grant Award
<b>Estimated Total Available Funding:</b>	Up to \$4,566,000
<b>Estimated Number of Awards:</b>	76
<b>Estimated Award Amount:</b>	Up to \$60,000 per year, inclusive of indirect costs
<b>Length of Project Period:</b>	Up to 4 years
<b>Anticipated Start Date</b>	September 30, 2024

**Proposed budgets cannot exceed \$60,000 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

Eligibility for this program is statutorily limited (Section 519-B of the Public Health Service Act [42 USC 290bb-25b], as amended) to domestic public and private nonprofit entities that are current or former DFC Support Program recipients.



**Past STOP Act recipients are eligible to apply. However, recipients who received their initial funding under the STOP Act NOFO in FY 2023 (SP-23-002), or FY 2022 (SP-22-006), or those that were funded under SP-19-003 with a start date of April 30, 2021 are not eligible to apply for funding under this NOFO.**

All non-profit entities must submit 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/applicants/applicant-eligibility.html>.

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

Cost sharing/match is not required in this program.

## **3. OTHER REQUIREMENTS**

There are no additional requirements for this program.

# **IV. APPLICATION AND SUBMISSION INFORMATION**

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

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

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

### **REQUIRED APPLICATION COMPONENTS:**

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

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

- **SF-424** – Fill out all Sections of the SF-424.



- In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
- In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons ID).
- In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2028.
- In **Line 18** (Estimated Funding) enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
- **Line 21** is the authorized official and should not be the same individual as the Project Director in line 8f.

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

- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
  - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
  - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
  - **Section C** – If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.
  - **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
  - **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, and Year 4). For example, if funds are being requested for four years in total, enter the requested budget amount for each budget period in columns b, c, and d (i.e., 3 out years). - (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period;

(d) Third column is the budget for the fourth budget period. Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

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

It is highly recommended that you use the [Budget Template](#) on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**  
The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information.
- **BUDGET JUSTIFICATION AND NARRATIVE –**  
You must submit the budget justification and narrative as a file entitled “BNF” (Budget Narrative Form). See [Section A – 2.2 of the Application Guide -Required Application Components](#).
- **ATTACHMENTS 1 THROUGH 9**

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

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace
- Other Narrative Attachments if applying with eRA ASSIST
- **Attachment 1: Letters of Commitment**  
Letters of Commitment from 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.
- o **Attachment 9: Letter of Certification of DFC Award**  
Applicants **must** provide a letter certifying that the organization is a former or current DFC recipient.

The letter must contain the following information:

- Name of fiscal agent
- Name of coalition
- If applicable, name of organization representing the coalition that received the award
- Agency awarding: (SAMHSA, Dept. of Justice, CDC)
- Award number
- Project period

### 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 **May 3, 2024**.

If an organization is submitting more than one application, the project title should be different for each application.

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

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

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

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

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

**No exceptions will be made.**

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

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

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

- Food is an unallowable expense.
- No more than 6 percent of the award may be used for administrative (Indirect Costs) expenses. Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization. (e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries). For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs.

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

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

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

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

## 7. OTHER SUBMISSION REQUIREMENTS

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

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

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

In developing the Project Narrative use these instructions:

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

### SECTION A: Population of Focus and Statement of Need

**(Up to 30 points – Applicants that document in A.3 that more than 50 percent of their population of focus will be from underserved communities, as defined by [Executive Order 13985](#), will be awarded 10 points – approximately 2 pages)**

1. Identify and describe the geographic area where the project will be implemented and the population(s) that will be impacted. To the extent possible, provide a demographic profile of the population(s) to be served in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
2. Describe the coalition’s current initiatives, including its initiatives addressing underage alcohol use prevention. Describe the need to increase the capacity of your organization to implement, sustain, and improve effective alcohol use prevention and/or support services in the selected population(s), including underserved communities. 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.).
3. Provide documentation that more than 50 percent of your population of focus will be from underserved communities, as defined by [Executive Order 13985](#). If your population of focus will NOT be more than 50 percent from underserved communities indicate so in your response.

**SECTION B: Proposed Implementation Approach (35 points – approximately 5 pages not including Attachment 4 – Project Timeline)**

1. Describe the goals and measurable objectives of your project and align them with the Statement of Need outlined in A.2 (see the *Application Guide, [Section D](#) - Developing Goals and Measurable Objectives* for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound).
2. Describe how you will implement all of the Required Activities in [Section I](#).
3. In **Attachment 4**, provide no more than a two-page chart or graph depicting realistic timeline for the entire **4** 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 (15 points – approximately 1 page)**



1. Describe your organization's accomplishments as a DFC recipient. Demonstrate the experience of your organization working with diverse populations including underserved and historically under-resourced populations.
2. Identify any other organization(s) that will partner with you on this project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Letters of Commitment from each partner organization must be included in **Attachment 1**. Indicate in your response if you are not partnering with any other organizations.
3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Coordinator) and other significant personnel. For each staff member describe their:
  - Role;
  - Level of Effort; and
  - Qualifications, including their experience providing services to the population 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 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 [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;
- Past STOP Act recipients are eligible to apply. However, recipients who received their initial funding under the STOP Act NOFO in FY 2023 (SP-23-002) or FY 2022 (SP-22-006) or those that were funded under SP-19-003 with a start date of 4/30/2021 are not eligible to apply for funding under this NOFO.
- Submission of any required documentation that must be received prior to making an award;
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with [45 CFR 75.212](#), SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR 75.205](#) HHS Awarding Agency Review of Risk Posed by Applicants.

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

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

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

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

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

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

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

You must set performance targets annually and report on your progress toward these targets on a quarterly basis. Quarterly performance reports are to be submitted in SPARS within 30 days of the end of each quarter.

An annual Programmatic Progress Report must be submitted in eRA Commons within 90 days of the end of each budget period. The report must include:

- Progress achieved toward overall project goals and objectives, including qualitative and quantitative data to demonstrate programmatic progress;
- Updates on required activities, successes, challenges, and changes or adjustments that have been made to the project;
- Progress addressing quality care of underserved populations related to the Disparity Impact Statement (DIS);
- Barriers encountered, including challenges serving the populations of focus;
- Efforts to overcome these barriers; and
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes or adjustments as part of a quality improvement plan.

In addition, the Logic Model and Action Plan must be submitted within 90 days of the start of the project period.

A final performance report must be submitted 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:

Jerry Campbell  
Center for Substance Abuse Prevention, Division of Primary Prevention  
Substance Abuse and Mental Health Services Administration  
(240) 276-0117  
[CSAP.DPP@SAMHSA.hhs.gov](mailto:CSAP.DPP@SAMHSA.hhs.gov)

Eric Shropshire  
Center for Substance Abuse Prevention, Division of Primary Prevention  
Substance Abuse and Mental Health Services Administration  
(240) 276-1749  
[CSAP.DPP@SAMHSA.hhs.gov](mailto:CSAP.DPP@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  
[FOACCSAP@samhsa.hhs.gov](mailto:FOACCSAP@samhsa.hhs.gov)

For review process and application status questions, contact:

Gabriela Porter  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276- 1675  
[Gabriela.Porter@samhsa.hhs.gov](mailto:Gabriela.Porter@samhsa.hhs.gov)