

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

**FY 2024 Women’s Behavioral Health Technical
Assistance Center**

(Short Title: Women’s BH TAC)

(Modified Announcement)

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

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by August 20, 2024
NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (Executive Order 12372)	Applicants must comply with Executive Order 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 Section I of the Application Guide.

Electronic Grant Application Submission Requirements	<p>You must complete three (3) registration processes:</p> <ol style="list-style-type: none">1. System for Award Management (SAM).2. Grants.gov.3. eRA Commons. <p>See Section A of the Application Guide: Application and Submission Requirements to begin this process.</p>
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Table of Contents

EXECUTIVE SUMMARY	5
I. PROGRAM DESCRIPTION	7
1. PURPOSE.....	7
2. KEY PERSONNEL.....	8
3. REQUIRED ACTIVITIES.....	8
4. ALLOWABLE ACTIVITIES	13
5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT.....	13
6. OTHER EXPECTATIONS.....	14
7. RECIPIENT MEETINGS	17
II. FEDERAL AWARD INFORMATION	17
1. GENERAL INFORMATION	17
2. COOPERATIVE AGREEMENT REQUIREMENTS.....	17
III. ELIGIBILITY INFORMATION	19
1. ELIGIBLE APPLICANTS.....	19
2. COST SHARING AND MATCHING REQUIREMENTS	19
3. OTHER REQUIREMENTS.....	19
IV. APPLICATION AND SUBMISSION INFORMATION	19
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	19
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	19
3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT	23
4. APPLICATION SUBMISSION REQUIREMENTS	23
5. FUNDING LIMITATIONS/RESTRICTIONS.....	24
6. INTERGOVERNMENTAL REVIEW REQUIREMENTS	24
7. OTHER SUBMISSION REQUIREMENTS	24

- V. APPLICATION REVIEW INFORMATION 25
 - 1. EVALUATION CRITERIA..... 25
 - 2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT. 27
 - 3. REVIEW AND SELECTION PROCESS..... 27
- VI. FEDERAL AWARD ADMINISTRATION INFORMATION..... 29
 - 1. FEDERAL AWARD NOTICES 29
 - 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS..... 29
 - 3. REPORTING REQUIREMENTS 29
- VII. AGENCY CONTACTS 31

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) are accepting applications for the fiscal year (FY) 2024 Women’s Behavioral Health Technical Assistance Center program (Short Title: Women’s BH TAC). The purpose of this program is to enhance the capacity of women’s behavioral health providers, general healthcare providers, and others involved in the holistic care of women to address the diverse needs of women who have or who are at risk for mental and substance use conditions, including women who have or who are at risk for mental and substance use conditions that were greatly impacted by COVID-19. The recipient is expected to identify and improve the implementation of evidence-based practices in women’s behavioral health across the lifespan through the provision of training and technical assistance (TTA) that includes individual consultation, targeted TA and coaching, learning communities, and online educational materials. With this program, SAMHSA aims to fill vital gaps in the field with regards to provider knowledge and ability to treat the mental health and substance use conditions of women across the nation.

Funding Opportunity Title:	Women’s Behavioral Health Technical Assistance Center (Short Title: Women’s BH TAC)
Funding Opportunity Number:	SM-24-012
Due Date for Applications:	August 20, 2024
Estimated Total Available Funding:	\$12.5 million total for 5 years \$2.5 million per year
Estimated Number of Awards:	1
Estimated Award Amount:	Up to \$2.5 million to be used per year for a total of \$12.5 million over all 5 years

Cost Sharing/Match Required:	No [See Section III-2 for cost sharing/match requirements.]
Length of Project Period:	Up to 5 years
Anticipated Project Start Date:	November 30, 2024
Anticipated Award Date:	November 15, 2024
Eligible Applicants:	State, local, tribal, and territorial governments, tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to address community behavioral health needs worsened by the COVID-19 public health emergency [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Sections 2707 and 2702 of the American Rescue Plan Act

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to enhance the capacity of women's behavioral health providers, general healthcare providers, and others involved in the holistic care of women to address the diverse needs of women with or at risk for mental health and substance use conditions, including women with or at risk for mental and substance use conditions that were greatly impacted by COVID. You are expected to identify and improve the implementation of evidence-based practices in women's behavioral health across the lifespan through the provision of TTA that includes individual consultation, targeted TA and coaching, learning communities, and online educational materials.

Each year, one in five women in the United States has a mental problem such as depression, PTSD, or an eating disorder. Women and girls also have disproportionate risk factors that predispose them to behavioral health disorders compared to men, such as increased risk of violence, poverty, more time spent as a caregiver, and lower incomes. According to [National Survey on Drug Use and Health \(NSDUH\)](#) 2022 data, women ages 18 years and older were more likely than their male counterparts to have any mental illness (26.4% vs. 19.7%), over half (52.0%) of all women ages 18 to 25 had substance use disorder (SUD) or any mental illness. Among women ages 18 to 25, 40.1% used illicit drugs in the past year. Nearly 3 in 10 (28.0%) female adolescents experienced a major depressive episode (MDE) in the past year, and among the 3.4 million female adolescents who had a past year MDE, 50% did not receive treatment. In addition, 18.2% of female adolescents had serious thoughts of suicide in the past year.

The Women's BH TAC will improve the use of evidence-based interventions for women's behavioral health across the nation. The program will assist core health specialties of obstetrics/gynecology (OB/GYN), pediatrics, emergency room, and primary care to become adept in treating women's behavioral health issues and solidify behavioral health integration into diverse practice settings. The Women's BH TAC will also improve the consumer experience by providing interdisciplinary, timely, flexible, and individually tailored technical assistance on topics often not covered in traditional educational settings.

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

The Women's BH TAC is authorized under Sections 2707 and 2702 of the [American Rescue Plan Act](#).

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project whether they receive a salary from the project. These staff members must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

The Key Personnel for this program are the following:

- **Project Director** (with a level of effort of 1.0 full-time equivalent [FTE]). The Project Director is responsible for complete oversight of the Women's BBH TAC.
- **Evaluator** (with a level of effort of at least 0.5 FTE). The Evaluator is responsible for assessing impact, reach, and effectiveness of the TAC, which includes data collection, performance management, and project evaluation.

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

3. REQUIRED ACTIVITIES

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

Core Topic Areas

Each of the required activities should focus on the intersection(s) of women's behavioral health with the following **core topic areas**:

- Maternal health (including evidence-based psychopharmacology/psychotherapies, addiction treatment, infertility and fetal/infant loss, trauma and grief, postpartum conditions, parenting and custody concerns, employment, and childcare)
- Transitions across women's lifespans (e.g., puberty, menopause)
- Women's health issues, such as medically complex and co-occurring disorders
- Gender-based violence and intimate partner violence
- Equity-related issues (race, ethnicity, sexual orientation and gender identity, language access, individuals with disabilities, people experiencing homelessness, people who are involved in the justice system, people who have experienced forced migration, and other populations that have been historically underserved)

You are required to carry out all of the following activities.

1. Develop and Maintain a Consultative Monitoring Board

When: Within four months of project start

Develop and maintain a consultative monitoring board that provides guidance on the priorities, work plan, and ongoing activities of the Women's BH TAC. The Board should include at least two individuals with lived experience with a behavioral health condition. The Board must include specialists who work in the field of women's behavioral health in the following areas:

- Community mental health service delivery
- SUDs
- Substance use prevention and mental health promotion
- Gender-based violence (defined primarily as sexual assault, domestic violence, stalking and related issues)
- Psychopharmacology
- Parenting and custody concerns
- Crisis services
- Research and evaluation
- Equity issues (race, ethnicity, sexual orientation and gender identity, language access, individuals with disabilities, who are homeless, justice involved, forced migrants, and other populations that have historically been disinvested in.)
- Trauma, grief, and loss

2. Conduct a Needs Assessment

When: Within four months of project start and repeated in the third year

Conduct a needs assessment to identify available resources and gaps in women's behavioral healthcare, including provider needs. Refer to the core topic areas to ensure the areas are covered. Include input from the following stakeholders, including but not limited to:

- All other SAMHSA funded [technical assistance and training centers](#).
- Women and mothers with behavioral health lived experience.
- Healthcare providers such as those working in behavioral health, primary care, OB/GYN, emergency rooms, nursing, social work, and counseling.
- Organizations advocating for and serving women and their families (e.g., nonprofit agencies, legal, behavioral health, social services organizations, recovery community organizations).

3. Complete an Environmental Scan and Literature Review

When: Within four months of project start and repeated in the third year

Complete an **environmental scan and literature review** that outlines the behavioral health needs of women in the United States to ensure culturally responsive, evidence-based practices are being presented, updated, and shared to multiple healthcare audiences. The environmental scan and literature review should focus on the core topic areas and additional topic areas such as:

- Barriers and opportunities related to access to care.
- The impact of gender-based violence on the behavioral health needs of women and their families.
- Best practices to treat and support survivors of gender-based violence.
- Best practices to support sexual orientation, and gender identity change efforts for individuals and their families.
- Effective evidence-based, promising, and emerging practices and treatments.
- Recommendations on how and when to adapt prevention, harm reduction, behavioral health treatment, and recovery interventions to meet this population's cultural, linguistic, and economic needs accounting for intersectionality.

4. Develop a Communications Plan

When: Within six months of project start and updated annually

Develop a **communications plan** that engages healthcare and other providers in the TA Center services. The communications plan must be updated annually and include the following:

- Marketing strategy for reaching a variety of healthcare and other providers.
- The types of providers you will engage with and target for TTA.
- An engagement strategy that will be periodically updated with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached). This strategy should include the following activities: segment the market users for this center, 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 applicable.

5. Create and Implement a Case Consultation Service (CSS)

When: Within six months of project start

Create and implement a CCS service that provides timely, culturally relevant, and evidence-based responses to providers that are in line with well-deliberated, scientifically sound best practice guidelines. The CCS will help providers to:

- Find ways to help women with mental health and substance use conditions impacted by COVID needing psychosocial and clinical interventions.
- Screen, assess, and treat behavioral health conditions.
- Identify and respond to gender-based violence, parenting, and custody concerns.
- Conduct outreach to engage women in need of behavioral health services.
- Support medical decision-making related to choosing medications, including those for SUDs; learn best practices for changing doses; improve treatment plans; determine what to do when a treatment is not working.
- Support medical decision-making related to treating co-occurring and comorbid women's health and behavioral health conditions.
- Support medical decision-making and other therapeutic interventions for pregnant and post-partum mothers with behavioral health conditions and women with birth complications that lead to newborn health needs.
- Adapt or implement psychotherapies appropriate for women.

6. Develop and Provide Interactive Online Learning Modules and Learning Communities

When: Within six months of project start

Develop and provide interactive online modules and/or training videos for healthcare and other providers that address the core topic areas. There should be at least five new modules made available publicly on the website each year.

Establish **learning communities on the core topic areas** that are interactive and multi-session virtual events. Each learning community should include up to twenty individuals. In the learning community, subject matter experts should provide tailored content followed by discussion that fosters sharing and allows participants to build beneficial peer relationships. See examples of [Learning Communities](#) on the SAMHSA website. At least three learning communities should be developed and implemented each year.

7. Develop and Regularly Update a Searchable Website

When: By the end of the first project year

Develop and maintain a searchable website that includes:

- Ways to obtain access to the relevant required activities above such as a link for the learning communities, online modules, and a portal for accessing the CCS.
- A repository of vetted resources and best practices for women's behavioral health, including evidence-based, promising, emerging practices; research updates; well-deliberated, unbiased, scientifically sound clinical guidelines; and legal and reporting guidelines on the prevention, screening, identification, intervention, treatment, and recovery for the core topic areas listed in the

preceding section. Additional topic areas that may supplement the core topic areas include:

- Maternal behavioral health topics, including psychopharmacology/psychotherapies, addiction treatment, infertility and fetal/infant loss.
 - Menopause.
 - Women’s crisis care and suicide prevention.
 - Women’s health issues such as medically complex and co-occurring disorders.
 - Trauma, grief, and loss.
 - Parenting and custody concerns.
 - Special needs around equity.
- Links to further training opportunities (e.g., addiction medicine or women’s mental health fellowships, certificates, and courses).
 - Links to SAMHSA resources (e.g., [988 Suicide & Crisis Lifeline](#), [National Child Traumatic Stress Network](#), [FindTreatment.gov](#), and [Infant and Early Childhood Mental Health Technical Assistance Center](#), [Evidence-Based Practices Resource Center](#)).
 - Aligns information with credible sources of information from national associations and federal agencies such as the National Institutes of Mental Health, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and the Centers for Disease Control and Prevention

8. Collaborate with other SAMHSA, Health Resources and Services Administration (HRSA), and other relevant Health and Human Services (HHS) TTA Centers. In particular, collaborate with:

- HRSA recipients implementing the [Screening and Treatment for Maternal Mental Health and Substance Use Disorders \(MMHSUD\)](#) program and the associated TA center to ensure a “no wrong door” approach.
- SAMHSA’s [Providers Clinical Support System - Medications for Opioid Use Disorders \(PCSS-MOUD\)](#) and [Providers Clinical Support System - Medications for Alcohol Use Disorders \(PCSS-MAUD\)](#). Maintain an **inventory of and serve as a clearinghouse** for the TAC products (e.g., curricula, trainings, distance learning programs). This includes resources and products to address behavioral health disparities or to increase access to, or appropriateness of, training activities, and disseminate these products to stakeholders in the field. All products must be shared with SAMHSA on a monthly basis for archiving in a SAMHSA designated repository.

4. ALLOWABLE ACTIVITIES

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

- Establish **learning communities on additional topic areas** that are interactive and multisession virtual events.
 - Examples of additional topics to be considered include:
 - Treatment adaptation.
 - Case review.
 - Peer consultation.
 - Best practices for various practice settings to meet the behavioral health challenges of women.

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 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 TTA Program Monitoring tools:

1. [Event Description](#) data on each project event (e.g., meeting, technical assistance, training event, learning collaborative). 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.

TTA on SPARS data collection and reporting will be provided after award.

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

Project Performance Assessment

You must periodically review your performance data to assess your progress and use this information to improve the management of the project. The project performance assessment allows you to determine whether your 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 if the disparities you identified are being effectively addressed.

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

6. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects 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.¹ 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 conditions and SUDs 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.
- *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.

¹ “[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.

- Holistic, supported by peers and allies.
- Culturally responsive and informed.
- Supported through relationships and social networks.
- Involving individual, family, and community strengths and responsibility.
- Supported by addressing trauma.
- Based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. 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, and Gender Issues*: Services that are culturally, historically, and gender responsive are offered, moving beyond stereotypes/biases.
- *Empowerment, Voice, and Choice*: Organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

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 healthcare services and supports for all people, regardless of an 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 award. See [Section G](#) of the Application Guide. Progress and evaluation of DIS activities must be reported in the 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 historically underserved 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, ethnicity, national origin, disability, age, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy status). (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 elements, priorities, and strategies their application addresses.

Tobacco Product- and Nicotine Inhalation Product-Free Policy

You are encouraged to adopt a tobacco product/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 LGBTQI+ Individuals

In line with the [Executive Order 14075: Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#) 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 are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis and use or promote SAMHSA national resources such as the [988 Suicide & Crisis Lifeline](#), [SAMHSA Helpline/Treatment Locator](#), and [FindSupport.gov](#).

7. RECIPIENT MEETINGS

SAMHSA will hold virtual recipient meetings and expects you to fully participate in these meetings.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	\$12.5 million for five years
Estimated Number of Awards:	1
Estimated Award Amount:	Up to \$2.5 million per year, inclusive of indirect costs, total of \$12.5 million for all five years
Length of Project Period:	Up to five years
Anticipated Project Start Date:	November 30, 2024

The proposed budgets for each year cannot exceed \$2.5 million in total costs (direct and indirect) in any year of the proposed project. The recipient will receive all five years of funding in the initial award but is allowed to use no more than \$2.5 million for each year. Funding amounts are subject to the availability of funds.

2. COOPERATIVE AGREEMENT REQUIREMENTS

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

Role of Recipient:

The Recipient must:

- Comply with terms and conditions of the cooperative agreement award.

- Collaborate with SAMHSA staff in project implementation and monitoring.
- Submit key program documents for approval to the Government Project Officer (GPO).

Role of SAMHSA Staff:

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

- Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
- Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
- Recommend outside consultants for training, site-specific evaluation, and data collection.
- Maintain regular communication with recipients through routine conference calls and the provision of technical assistance and consultation.
- Oversee development and implementation of a multisite evaluation in partnership with evaluation contractors and recipients.
- Review and approve all key personnel.
- Review and approve performance data and progress reports.
- The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure the project operates in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

State, local, tribal, and territorial governments, tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to address community behavioral health needs worsened by the COVID-19 public health emergency.

For general information or to check your eligibility for federal awards, see [Grants.gov Applicant Eligibility](#).

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/matching **is not** required for 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](#). SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents because of potential difficulties with internet access. 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 as follows 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 Project Director/Principal Investigator.
 - 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: 11/30/2024; b. End Date: 11/29/2029.
 - 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 following instructions. **The totals in Sections A, B, and D must match.**
 - **Section A** – Budget Summary: If cost-sharing/cost-matching is **not required**, use the first row (Line 1) to report the total federal funds (e) and nonfederal funds (f) requested for the **first year** of your project only. If cost-sharing/cost-matching **is required**, use the **second row** (Line 2) to report the total nonfederal funds (f) for the **first year** of your project only.
 - **Section B** – Budget Categories: If cost-sharing/cost-matching is **not required**, use Column 1 to report the budget category breakouts (Lines 6a–6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost-sharing/cost-matching **is required**, use Column 2 to report the budget category breakouts for the **first year** of your project only.
 - **Section C** – If cost-sharing/cost-matching is **not required**, leave this section blank. If cost-sharing/cost-matching **is required** use the second row (Line 9) to report nonfederal match for the **first year** only.
 - **Section D** – Forecasted Cash Needs: Enter the total funds requested, broken down by quarter, for **Year 1** of the project period only. Use the first row for federal funds and the second row (Line 14) for **nonfederal** funds.
 - **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, Year 3, Year 4, and Year 5). For example, if funds are being requested for 5 years

total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years), where column b is the budget for the second budget period (Year 2), column c is the budget for the third budget period (Year 3), column d is the budget for the fourth budget period (Year 4), and column e is the budget for the fifth budget period (Year 5). Use Line 16 for federal funds and Line 17 for nonfederal 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.

- For instructions on completing the SF-424A form, see [Sample SF-424A \(Match Not Required\)](#).

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, which should be completed within the 10-page maximum. 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 named “BNF” (Budget Narrative Form). (See [Section A](#) – 2.2 of the Application Guide – *Required Application Components*.)

ATTACHMENTS 1 THROUGH 8

- **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) 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 instruments or interview protocols are not standardized, submit copies. Provide a publicly available weblink 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 fewer.
- **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 Executive Order 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 Nonprofit Status**
Proof of nonprofit status must be submitted by private nonprofit organizations. Any of the following is acceptable evidence of nonprofit status:
 - A reference to the applicant organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations as described in section 501(c)(3) of the IRS code.
 - A copy of a current and valid IRS tax exemption certificate.
 - A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has a nonprofit status.

- A certified copy of the applicant organization’s certificate of incorporation or similar document that establishes nonprofit status.
- Any of the preceding proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

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 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 application no later than 11:59 p.m. on August 20, 2024 (Eastern Standard Time).

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.

If you are not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, you must begin registration process immediately as the entire process could take up to 6 weeks.

THE FOLLOWING TASKS MUST BE COMPLETED BY THE APPLICATION DUE DATE:

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

If you are currently registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

DO NOT WAIT UNTIL THE LAST MINUTE: This could result in failure to submit a complete, error-free application by the deadline. (See [Section A](#) of the Application Guide for all registration requirements).

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- Food is not an allowable expense.
- The indirect cost rate may not exceed **8 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 **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000. (See [45 CFR Part 75.414](#).)

You must comply with SAMHSA's standard funding restrictions in [Section H](#) of the Application Guide.

6. INTERGOVERNMENTAL REVIEW REQUIREMENTS

All SAMHSA programs are covered under [Executive Order 12372](#), as implemented through HHS regulation at [45 CFR Part 100](#). This order specifies that 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.

7. OTHER SUBMISSION REQUIREMENTS

Refer to [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 your project. Your application will be reviewed and scored according to your responses to the Evaluation Criteria in Sections A through D of the application.

The following instructions should be used in developing the Project Narrative:

- The Project Narrative (Sections A–D) **must not exceed 10 pages**.
- You must use the exact headings of Sections A through D when organizing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number (i.e., A.1, A.2, ...).** You do not need to retype the full criterion text in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that “the response for B.2 is in C.1.” **Reviewers will consider only information included in the appropriately numbered criterion response.**
- 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 each 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 responses to the evaluation criteria.

SECTION A: Population of Focus and Statement of Need (20 points – approximately one page)

1. Identify and describe the TTA recipients that will be impacted by this project, including underserved and historically under-resourced populations and individuals impacted by COVID-19.
2. Provide a demographic profile of the TTA recipients in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

3. Describe the service gaps, barriers, and other problems related to the need for training and/or TA for the recipients. Identify the source of the data (e.g., the [2022 NSDUH](#), [County Health Rankings](#), [Social Vulnerability Index](#)).

SECTION B: Proposed Implementation Approach (30 points – approximately four 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 on how to write objectives that are **specific, measurable, achievable, relevant, and time-bound** (i.e., “SMART”).
2. Describe how you will implement the Required Activities in [Section I](#).
3. In Attachment 4, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 years of the project period showing dates, key activities, and responsible staff. [NOTE: The timeline does not count toward the page limit for the Program Narrative.]

SECTION C: Staff and Organizational Experience (5 points – approximately four 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 TTA to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including historically underserved populations and how it is reflected in your staffing.
2. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships. 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 other significant personnel. For each staff position or member, describe their:
 - Role.
 - Level of effort.
 - 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 one page)

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

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

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost-matching. Other support is defined as funds or resources, nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal 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 in the preceding section.

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 CMHS and CSAT National Advisory Councils (NAC).
- 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 3 of the SF-424 (Authorized Representative section) and (2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

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

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

3. REPORTING REQUIREMENTS

Recipients are required to submit the following:

In Year 1 a Programmatic Progress Reports (PPR) at 6 months and 12 months after award; an annual PPR report in Years 2 through 5, and a final PPR in Year 5. The 6-month PPR is due within 30 days of the end of the second quarter. Annual PPRs are due within 90 days of the end of each budget period. The final PPR is due within 120 days after the end of the full project period. This final PPR must be cumulative and report on all activities during the entire project period.

All PPRs must be submitted in eRA Common using a standardized template (OMB Control Number 0930-0395).

PPRs must include:

- 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, and adjustments made to address these challenges.
- The impact of the TTA on the provider community including practice improvement, improved capacity, and knowledge transfer. This should ideally be done using a dissemination and implementation science framework, such as Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) or [Practical Implementation Sustainability Model \(PRISM\)](#).
- 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.

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:

Nima Sheth
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
(240) 276-0513
nima.sheth@samhsa.hhs.gov

For fiscal/budget questions, contact:

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

For grant review process and application status questions, contact:

Michelle Armstrong
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1084
Michelle.Armstrong@samhsa.hhs.gov