

**Follow the Six Steps  
in the Application Process**

- 1. Review the Opportunity**
- 2. Get Ready to Apply**
- 3. Prepare Your Application**
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- 5. Submit Your Application**
- 6. Learn About What Happens After Award**

# **Substance Abuse and Mental Health Services Administration (SAMHSA)**

**NOFO Name: Circles of Care for American  
Indian/Alaska Natives (AI/AN)**

**NOFO Number: SM-25-016**

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# Step 1: Review the Opportunity

## Basic Information

NOFO Name: Circles of Care for American Indian/Alaska Natives (AI/AN)

Short Title: Circles of Care

Initial Announcement

Funding Opportunity Number: SM-25-016

Assistance Listing Number: 93.243

Application Deadline: March 17, 2025

Eligible Applicants: Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; Urban Indian Organizations; or consortia of tribes or tribal organizations; and Tribal colleges and universities (as identified by the American Indian Education Consortium). See [Eligibility](#) for complete eligibility information.

Electronic Application Submission Requirements: See [Step 2](#).

## Important Resources

Applicants are expected to follow guidance provided in the ***FY 2025 NOFO Application Guide*** (the *Application Guide*). This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see [Grants Glossary](#) for definitions of terms used in this NOFO.

## Authorizing Statute

Section 520A of the Public Health Service Act (42 U.S.C. 290bb-32), as amended.

## Agency Contacts

### Program and Eligibility Questions

Brooke Sims, Public Health Advisor

Center for Mental Health Services

240-276-1861

[Brooke.Sims@samhsa.hhs.gov](mailto:Brooke.Sims@samhsa.hhs.gov)

## Financial and Budget Questions

Office of Financial Resources  
Division of Grants Management  
240-276-1940

[NOFO Budget Inquiries@samhsa.hhs.gov](mailto:NOFO_Budget_Inquiries@samhsa.hhs.gov)

## Review Process and Application Status Questions

Angela Houde  
Review Administrator  
Office of Financial Resources/Division of Grant Review  
240-276-1091

[Angela.Houde@samhsa.hhs.gov](mailto:Angela.Houde@samhsa.hhs.gov)

## Executive Summary

The purpose of this program is to provide American Indian and Alaska Native (AI/AN) organizations with the resources to plan and design a family-driven, community-based, and culturally and linguistically competent [system of care](#). Grant recipients are expected to organize a spectrum of community-based services and supports for AI/AN children who are experiencing or are at risk of mental health challenges. This system of care must cultivate meaningful community partnerships and address cultural and linguistic needs to help children better thrive at home, in school, and in life.

### Key Dates

Application deadline: March 17, 2025

Expected Award Date: No later than September 29, 2025

Expected Start Date: September 30, 2025

## Funding Details

Funding Type: Grant

Estimated Total Available Funding: \$2,800,000

Estimated Number of Awards: 8

Estimated Award Amount: Up to \$350,000 per year per award

Length of Project Period: Up to 3 years

**Your annual budget cannot be more than \$350,000 annually in total costs (direct and indirect) in any year of the project.** Annual continuation awards are contingent 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 2025 appropriation. The amount of funding awarded is dependent on the availability of funds.

## Program Description

### Purpose

The purpose of this program is to provide American Indian and Alaska Native (AI/AN) tribes and tribal organizations with the resources to plan and design a family-driven, community-based, and culturally and linguistically competent [system of care](#).

AI/AN children face major difficulties from birth that stem from historical trauma, health inequities, socioeconomic barriers, and racism.<sup>1</sup> When compared with the general U.S. child population, AI/AN children have higher levels of obesity, obesity-related cardiovascular issues, mental health concerns, suicide, toxic stress, substance use disorder, injury and violence, and exposure to environmental hazards.<sup>2</sup> More specifically, AI/AN children and adolescents have the highest rates of lifetime major depressive episodes and the highest self-reported depression rates.<sup>3</sup> They begin to use and/or misuse alcohol and other drugs at younger ages and at higher rates than other ethnic/racial groups.<sup>4</sup> The suicide death rate for young adults between the ages of 15 to 19 is more than double that of non-Hispanic whites.

SAMHSA, in collaboration with tribes, the Indian Health Service, and National Indian Health Board, developed [The National Tribal Behavioral Health Agenda \(TBHA\)](#). The TBHA addresses foundational elements, priorities, and strategies. You are encouraged to briefly cite the TBHA, if applicable.

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<sup>1</sup> <https://www.aap.org/en/patient-care/native-american-child-health/>

<sup>2</sup> <https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf>

<sup>3</sup> <https://www.psychiatry.org/getmedia/d008fb53-3566-4a0a-adac-ba1f3b88528c/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>

<sup>4</sup> <https://www.nami.org/your-journey/identity-and-cultural-dimensions/indigenous/#:~:text=Mental%20health%20and%20emotional%20well,the%20rate%20of%20white%20adolescents.>

## Key Personnel

Key Personnel are staff members who make significant contributions to the project, even if they do not receive a salary from the project. They are expected to regularly participate in program monitoring activities.

The Key Personnel for this project is the Project Director at 1.0 Full-Time Equivalent (FTE) level of effort. The Project Director is responsible for oversight of the project.

If awarded funding, you will be notified if your proposed Project Director has been approved. If your organization needs to replace the Project Director, SAMHSA needs to review their resume and job description to determine if the proposed replacement can be approved.

## Required Activities

In the Project Narrative ([B.2](#)), you will provide a description of how you will implement all the required activities listed below.

Funds must be used primarily to support capacity development, including the following required activities:

- 1. Identify and convene an advisory group (e.g., board, workgroup, task force)**

When: Within the first three months after award

The advisory group should provide ongoing guidance to project staff to promote active community engagement. The structure may be a new or existing group and should include representation from partner agencies and providers, elected and other tribal officials, and members of the community, including youth and family members.

- 2. Conduct an assessment of community strengths**

When: Within four months after award

Conduct an assessment of community strengths, assets, and needs to guide the development of the system of care approach.

- 3. Develop and implement a community-based System of Care (SOC) Plan**

When: By the end of year one of award

Develop and implement a plan for a community-based SOC approach for children and youth mental health and wellness services, prevention and treatment of substance use, and supports to be provided in the community. The SOC plan should use a variety of ongoing consensus-building activities with continuous feedback from the community. The approach should be holistic, community-based, culturally competent, family-driven, and youth-guided across multiple agencies.

4. **Conduct a Gathering of Native Americans (GONA) to promote spiritual and cultural development and youth social connectedness.**
5. **Conduct network development and collaboration activities** with stakeholders, including formalized interagency commitments, for coordination of services.
6. **Provide orientation and ongoing training** on the SOC framework by engaging various sectors of the community, such as schools; colleges and universities, and other educational institutions; faith-based organizations; behavioral health and other healthcare providers; housing supports; the justice system; local businesses; and public health and healthcare systems, departments, and institutions.
7. **Develop policies, corresponding funding streams, and other strategies** that address how the system of care approach can be implemented and sustained.

## Allowable Activities

Allowable activities are **not** required. However, your organization may propose to use funds for the following activities:

- Implement community engagement activities, particularly in AI/AN communities. The community engagements may include activities such as skirt-making, sweat lodges, and drum-making to help address mental health challenges of children and youth.

## Eligibility

### Eligible Applicants

To address mental health disparities within AI/AN communities, SAMHSA is limiting eligibility to Federally recognized AI/AN tribes, tribal organizations, Urban Indian Organizations (UIOs), consortia of tribes or tribal organizations, and tribal colleges and universities (as identified by the American Indian Education Consortium).

A tribal organization is the recognized body of any AI/AN tribe; any legally established organization of AI/ANs controlled, sanctioned, or chartered by such governing body; or is democratically elected by the adult members of the Indian community to be served by such organization and includes the maximum participation of AI/ANs in all phases of its activities.

Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the award requirements.

A UIO is a nonprofit corporate body in an urban center, governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups

and individuals. The body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in [Section 1653\(a\)](#) of this title.

Recipients funded under the following Circles of Care NOFOs are **not** eligible to apply for funding under this NOFO: SM-14-0023, SM-17-002, SM-20-010, or SM-23-022. A complete list of recipients previously funded can be found in [Appendix A](#) in this document.

For other factors that will disqualify an applicant, see [Application Review](#).

For general information on eligibility for federal awards, see <https://www.grants.gov/learn-grants/grant-eligibility>. For specific eligibility questions, see [Agency Contacts](#).

## Cost Sharing

Cost sharing/match is not required for this program.

## Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in [Section D](#) of your Project Narrative.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) project-level data on selected indicators on a quarterly basis. Training and technical assistance on SPARS data collection and reporting will be provided after award. Your organization must collect and report data on the following performance monitoring indicators:

- The number of people trained in mental health-related practices or activities.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes.

Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

## Performance Assessment

Your organization is required to submit programmatic progress reports (PPRs) that discuss if you are meeting the objectives you selected for this project, achieving the outcomes you anticipated, and if any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

## SAMHSA Core Principles and Other Expectations

When developing your project, you must consider SAMHSA’s core principles of recovery, trauma informed approaches, access to high quality services for all populations, and commitment to data and evidence. SAMHSA has a person-centered mission, vision, goals, and guiding principles that can be found in the SAMHSA 2023-2026 Strategic Plan. In addition, there are other expectations included in [Section H](#) in the *Application Guide* that you must consider as you design your project.

## Recipient Meetings

We plan to hold virtual grant meetings and your full participation in these meetings is expected. You will be given more information about these meetings at a future date.

Budget revisions will be considered if we decide to have an in-person grant meeting.

## Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense if included as a key part of a Gathering of Native Americans (GONA).

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

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# Step 2: Get Ready to Apply

## Get Registered

### SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select **Get Started**. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.

### Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).



## eRA Commons

You must register in [eRA Commons](#). Register at least 6 weeks before the application deadline. See guidance at [eRA Help and Tutorials](#) and in [Section A](#) of the *Application Guide*.

## Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: SM-25-016.

If you can't use Grants.gov to download application materials, you may request them from [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov).

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## Step 3: Prepare Your Application

### Application Contents and Format

Applications include five main components. This section includes guidance on each.

Make sure you include each of the following:

Component	Submission format
<a href="#">Project Abstract</a>	Use the Project Abstract Summary form.
<a href="#">Project Narrative</a>	Use the Project Narrative Attachment form.
<a href="#">Budget Narrative</a>	Use the Budget Narrative Attachment form.
<a href="#">Attachments</a>	Insert each in the Other Attachments form.
<a href="#">Other Required Forms</a>	Upload using each required form.

See the [Application Checklist](#) for a full list of all requirements.

The following links contain information on:

- [Formatting instructions and information on system validation requirements](#)
- [Completing forms and required components](#) ([Section A](#) in the *Application Guide*)

### Project Abstract

**Page limit:** 1 page

Your project abstract should include the project name, population of focus (demographics and clinical characteristics), strategies and interventions, project goals, and measurable objectives

that include the number of people to be served annually and throughout the lifetime of the project.

In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

## Project Narrative

**Page limit:** 10 pages

**Filename:** Project narrative

In developing your project narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 10-page limit.

## Budget Narrative

**Page limit:** none

**Filename:** BNF

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#).

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding limitations](#).

To create your budget narrative, see detailed instructions and a template in [Section E](#) in the *Application Guide*.

## Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the project narrative. Reviewers will not consider them if you do.

Name the attachments: Attachment 1, Attachment 2, and so on.

### **Attachment 1: Letters of Commitment (LOC)**

Include LOCs from any organization(s) partnering in the project. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project while an LOC outlines the specific contributions an organization will make in the project.

### **Attachment 2: Data Collection Instruments or Interview Protocols**

Provide the data collection instruments you will use.

### **Attachment 3: Sample Consent Forms**

Include, as appropriate, informed consent forms for participation in the training/TA event and for the collection of data.

### **Attachment 4: Project Timeline**

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 3 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in [required activities](#).

### **Attachment 5: Biographical Sketches and Position Descriptions**

See [biographical sketches and position descriptions](#) for more information. Position descriptions should be no longer than 1 page each and biographical sketches should be 2 pages or less.

### **Attachment 6: Confidentiality and SAMHSA Participant Protection**

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

### **Attachment 7: Letter to the State Point of Contact**

Not applicable for this NOFO.

### **Attachment 8: Documentation of Nonprofit Status**

Not applicable for this NOFO

### **Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)**

If you have a Negotiated Indirect Cost Rate Agreement, the document must be submitted.

## Other Required Forms

You will need to complete some standard forms. Upload the following standard forms listed at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Assurances for Non-Construction Programs (SF-424B)	With application
Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application
HHS 690 Form	With application

- **SF-424** – Fill out all sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
  - In **Line 8f**, enter the name and contact information of the PD identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date), enter: a. Start Date: 9/30/2025; 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 Representative and should not be the same individual as the PD in Line 8f.

It is recommended you 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:
    - As 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.
  - Section B** – Budget Categories:
    - As 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.
  - Section C** – Non-Federal Resources:

- As cost sharing/match is **not required**, leave this section blank.

**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). For example, if funds are being requested for 3 years total, enter the requested budget amount for each of those budget periods in columns b and c.
    - (b) First column is the budget for the second budget period;
    - (c) Second column is the budget for the third budget period;
- Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

See the [Budget Template Users Guide](#) and the sample completed SF-424A forms at [Sample SF-424A \(No Match Required\)](#).

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## Step 4: Learn About Review and Award

### Application Review

#### Initial Review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the [deadline](#).
- Exceeds the 10-page limit for the Project Narrative.

## Merit Review

**Project Narrative:** Your Project Narrative describes the proposed project. Peer reviewers will assess your response to the criteria below. The following instructions should be considered as you develop the Project Narrative:

- The Project Narrative cannot be longer than ten pages.
- There are 5 sections (Sections A–D) and you must use the section numbers and headings listed in the Evaluation Criteria.
- Include the section letter and number (e.g., A.1, B.2) **before the response to each criterion**. 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.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

### **A: Population to Be Served and need statement (20 points – approximately 2 pages)**

1. Identify and describe the proposed geographic catchment area where the project will be implemented and the population(s) of AI/AN children and youth that will be impacted by this project. Provide a demographic profile of the AI/AN children and youth in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, sexual orientation, age, and socioeconomic status. You are encouraged to briefly cite the TBHA, if applicable.
2. Document the need for development of a family-driven, community-based, and culturally and linguistically competent system of care for AI/AN children and youth to increase the capacity to implement, sustain, and improve effective mental health services in the proposed catchment area that is consistent with the purpose of this NOFO. Include information on the service gaps and other problems related to the need for SOC development and clearly identify the source of the data.

### **B: Proposed implementation approach (35 points – approximately 5 pages)**

1. Describe the goals and measurable objectives of your proposed project. (See [Developing Goals and Measurable Objectives](#)). They must align with the Statement of Need in A.2.

2. Describe how you will implement all the [required activities](#) in Step 1.
3. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the program. It must include dates, key activities (i.e., Section I required activities), and responsible staff. The timeline does not count towards the page limit for the Program Narrative.

### **C: Organizational experience and staffing (30 points – approximately 2 pages)**

1. Describe the experience of your organization providing services to or working with AI/AN children and youth. Identify any other organization(s) that will partner in the proposed project and describe their specific roles and responsibilities in this project. If applicable, LOCs from each partner must be included in **Attachment 1** of your application. If you are not partnering with any other organization(s), indicate so in your response.
2. Provide a complete list of all significant staff positions for the project, including the Key Personnel (Project Director). For each, describe their:
  - Role
  - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
  - Qualifications, including their experience providing services to the individuals to be served, their familiarity with the culture(s) and language(s) of these individuals, and any experience working with underserved populations.

### **D: Data collection and performance measurement (15 points – approximately 1 page)**

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

## **Risk Review**

Before making an award, we review the risk that you will prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

For awards greater than \$250,000, we use SAM.gov [Responsibility/Qualification](#) to check the history of risk.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

## Review and Selection Process

When making funding decisions, we consider:

- Peer review results. These are key in making decisions but are not the only factor. The program office and approving official make the final determination for funding.
- When the individual award is over \$250,000, approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be submitted prior to making an award.
- Recipients funded under the following Circles of Care NOFOs are **not** eligible to apply under this NOFO: SM-14-003, SM-17-003, SM-20-010, or SM-23-022.

## Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a [Notice of Award \(NoA\)](#) will be emailed to: (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).

If your application is not funded, an email will be sent to you from eRA Commons. This email will include a summary of the peer reviewer comments and scores. It may take up to four months from a program's award date for this information to be sent to you.

The NoA is the only document that authorizes recipients to receive federal funding for a project.

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## Step 5: Submit Your Application

### Submission Requirements and Deadlines

Go to [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [Get Registered](#).

You must maintain your registration throughout the life of any award.



## Deadlines

Application

Due on March 17, 2025.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in [Section A](#) in the *Application Guide*.

# Application Checklist

Make sure that you have everything you need to apply:

Component	Form to use	Page limit
<a href="#"><u>Project Abstract</u></a>	Use the Project Abstract Summary Form.	1 page
<a href="#"><u>Project Narrative</u></a>	Use the Project Narrative Attachment form.	10 pages
<a href="#"><u>Budget Narrative</u></a>	Use the Budget Narrative Attachment form.	None
<a href="#"><u>Attachments</u></a>	Insert each in a single Other Attachments form.	
1. Letters of commitment, if applicable		None
2. Data collection instruments and interview protocols		None
3. Sample consent forms		None
4. Project timeline		2 pages
5. Biographical sketches and position descriptions		See: <a href="#"><u>Biographical Sketches</u></a>
6. Confidentiality and SAMHSA Participant Protection		None
7. Letter to State Point of Contact (not applicable)		
8. Documentation of Nonprofit Status (not applicable)		
9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable		None
<a href="#"><u>Other Required Forms/Documents</u></a>	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		None
<input type="checkbox"/> Assurances for Non-Construction Programs (SF-424B)		None
<input type="checkbox"/> Project/Performance Site Location(s) Form		None
<input type="checkbox"/> Grants.gov Lobbying Form		None
<input type="checkbox"/> HHS 690 Form		None
<input type="checkbox"/> Other Active Federal Awards, if applicable		None

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# Step 6: Learn What Happens After Award

## Post-award Requirements and Administration

### Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. You can see SAMHSA's [standard terms and conditions](#) on our website.
- The rules listed [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS [Grants Policy Statement](#) (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section G](#) in the *Application Guide*.

### Non-discrimination and Assurance

- If you receive an award, 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 [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

### Reporting Requirements

Recipients are required to submit an annual Programmatic Progress Report (PPR) using a standardized OMB-approved template. The PPR report is due within 90 days of the end of each budget period. The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges; and

- Problems encountered serving the populations of focus and efforts to overcome them;

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

# Appendix A: Ineligible Organizations

<b>Circles of Care Recipients Ineligible to Apply to this NOFO (SM-25-016)</b>			
<b>Grant Number</b>	<b>Organization</b>	<b>State</b>	<b>NOFO</b>
SM061577	Tanana Chiefs Conference	AK	SM-14-003
SM080133	Manilaq Health Center	AK	SM-17-002
SM083005	Alaska Native Tribal Health Consortium	AK	SM-20-010
SM088411	Asa'Carsarmiut Tribal Council	AK	SM-23-022
SM061588	Native Americans for Com Action	AZ	SM-14-003
SM080117	Native American Community Health Centers	AZ	SM-17-002
SM083011	Fort Defiance Indian Hospital Board	AZ	SM-20-010
SM083019	San Carolos Apache Tribal Council	AZ	SM-20-010
SM088706	Hopi Tribe	AZ	SM-23-022
SM061563	Indian Health Center of Santa Clara Valley	CA	SM-14-003
SM061565	Quartz Valley Indian Reservation	CA	SM-14-003
SM080132	Sacramento Native American Health Center	CA	SM-17-002
SM080130	American Indian Health and Services	CA	SM-17-002
SM080116	Toiyabe Indian Health Project	CA	SM-17-002
SM080115	Susanvile Indian Rancheria	CA	SM-17-002
SM080135	San Diego Indian Health Center	CA	SM-17-002
SM083020	Round Valley Indian Health Center	CA	SM-20-010
SM083213	United Indian Health Services	CA	SM-20-010
SM083024	Shingle Springs Band of Miwok Indians	CA	SM-20-010
SM088443	Acorns To Oak Trees Corporation	CA	SM-23-022
SM088449	Southern Indian Health Council	CA	SM-23-022
SM088709	Northfork Rancheria of Mono Indians of CA	CA	SM-23-022
SM088701	Sacred Path Indigenous Wellness Center	CA	SM-23-022
SM061612	Ute Mountain Indian Tribe	CO	SM-14-003
SM080120	Kickapoo Tribe in KS	KS	SM-17-002
SM083032	Native American Community Clinic	MN	SM-20-010
SM080113	Fort Peck Assiniboine and Sioux Tribes	MT	SM-17-002
SM083006	Confederated Salish and Kootenai Tribes	MT	SM-20-010
SM088432	Turtle Mountain Tribe	ND	SM-23-022

**Circles of Care Recipients Ineligible to Apply to this NOFO (SM-25-016)**

<b>Grant Number</b>	<b>Organization</b>	<b>State</b>	<b>NOFO</b>
SM080125	Winnebago Tribe of Nebraska	NE	SM-17-002
SM088448	Santee Sioux Tribe of NE	NE	SM-23-022
SM080129	Eight Northern Indian Pueblos Council	NM	SM-17-002
SM083012	Ohkay Wingeh	NM	SM-20-010
SM083021	Nambe Pueblo Governor's Office	NM	SM-20-010
SM080124	Fallom Paiute Shoshone Tribes of the Fallon Reservation and Colony	NV	SM-17-002
SM083036	Iowa Tribe of Oklahoma	OK	SM20-010
SM061589	Osage Nation	OK	SM-14-003
SM083038	Southern Plains Tribal Health Board Foundation	OK	SM-20-010
SM083034	Wichita and Affiliated Tribes	OK	SM-20-010
SM083018	Central OK American Indian Health Council	OK	SM-20-010
SM083029	Comanche Nation	OK	SM-20-010
SM088449	Ponca Tribe of Oklahoma	OK	SM-23-022
SM083040	Confederate Tribes of Coos, Lower Umpqua, and Siouslaw Indian	OR	SM-20-010
SM061605	Lower Brule Sioux Tribe	SD	SM-14-003
SM083014	South Dakota Urban Indian Health	SD	SM-20-010
SM083022	Ogala Sioux Tribal Council	SD	SM-20-010
SM083039	Great Plains Tribal Chairmans Health Bard	SD	SM-20-010
SM061574	Seattle Indian Health Board	WA	SM-14-003
SM061608	Hoh Tribe of the Hoh Indian Reservation	WA	SM-14-003
SM061590	Makah Indian Tribe	WA	SM-14-003
SM090111	Confederated Tribes and Bands of the Yakama Nation	WA	SM-17-002
SM083015	Swinomish Indian Tribal Council	WA	SM-20-010
SM061610	Red Cliff Band of Lake Superior Chippewas	WI	SM-14-003
SM080122	Lac Courte Oreilles Tribal Governance Board	WI	SM-17-002
SM083023	Gerald Ignace Indian Health Center	WI	SM-20-010