Follow the Six Steps in the Application Process

1. Review the Opportunity
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Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: **Hepatitis C Elimination Initiative Pilot**

NOFO Number: TI-25-005

Step 1: Review the Opportunity

Basic Information

NOFO Name: Hepatitis C Elimination Initiative Pilot

Short Title: Hep C Free

Initial Announcement

Funding Opportunity Number: TI-25-005

Assistance Listing Number: 93.243

Application Deadline: August 1, 2025

Eligible Applicants: Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, Indian tribes or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private non-profit entities, including faith-based organizations.

Tribal Applicants: At least one, and up to five award(s) will be made to American Indian/Alaska Native (AI/AN) tribes, or tribal organizations, pending sufficient application volume. Applications from Tribal Nations or recognizable tribal organizations will be reviewed separately by peer reviewers with expert experience working with Hep C related programs within American Indian/Alaska Native (AI/AN) tribes, or tribal organizations.

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 Statutes

Section 509 of the Public Health Service Act, 42 U.S.C. 290bb-2, as amended.

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

Section 516(a) of the Public Health Service Act, 42 U.S.C. 290bb-22, as amended.

Agency Contacts

Program and Eligibility Questions

Substance Abuse and Mental Health Services Administration
(240) 276-1660
HepCFree@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1400
NOFOBudget.CSAT@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources/Division of Grant Review
Application_Submission_Inquiries@samhsa.hhs.gov

Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the fiscal year (FY) 2025: Hepatitis C Elimination Initiative Pilot**.** The purpose of this proof-of-concept program is to leverage existing health care institutions' capacity to prevent, test for, treat, and cure Hepatitis C (HCV) in individuals with substance use disorder (SUD) and/or severe mental illness (SMI), particularly in communities severely affected by homelessness and to gain insights on effective ways to identify patients, complete treatment and reduce reinfection. Recipients of this program are expected to implement a holistic approach that integrates HCV and HIV testing and comprehensive prevention treatment, and recovery support services for SUD, SMI, hepatitis C, and HIV as needed. Through this initiative, SAMHSA aims to increase the number of individuals who are cured of HCV, reduce the incidence of HCV and HIV in grant funded communities, and help to address the intersection of SUD, SMI, infectious disease, and homelessness in high-need populations across the nation.

Key Dates

Application deadline: 8/1/2025

Expected Award Date: 9/29/2025

Expected Start Date: 9/30/2025

Response to Executive Order 12372: see **Intergovernmental Review** and ***Section I*** *in the Application Guide*

Funding Details

Funding Type: Grant

Estimated Total Available Funding: $100,000,000 for the first 2 years (total of $50,000,000 per year). NOTE: Recipients will receive funding for year 1 and year 2 of the project period at the initial award.

Estimated Number of Awards: Up to 13-40 awards based on final mix of award sizes. At least one, and up to five, award(s) will be made to American Indian/Alaska Native (AI/AN) tribes, or tribal organizations, pending sufficient application volume and final mix of award sizes.

Estimated Award Amount: Up to $2,500,000 – $7,500,000 total per award for the first 2 years. Funding is based on the following tiers:

- Recipients treating and curing 25-50 patients per year for hepatitis C, up to $2,500,000 per award ($1,250,000 per year) for the first 2 years.
- Recipients treating and curing 51-100 patients per year for hepatitis C, up to $5,000,000 per award ($2,500,000 per year) for the first 2 years.
- Recipients treating and curing >100 patients per year for hepatitis C, up to $7,500,000 per award ($3,750,000 per year) for the first 2 years.

Length of Project Period: Up to 3 years

Your annual budget cannot be more than the maximum allowable award amount 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.

Program Description

Purpose

The purpose of this program is to pilot an integrated care approach to prevent, test for, treat, and cure HCV in individuals with SUD and/or SMI, particularly in communities disproportionately affected by homelessness. This program supports low barrier integrated substance use prevention, SUD and SMI treatment and recovery supports, and HCV/HIV prevention, testing, and access to treatment among individuals with or at risk for HCV, with or without HIV. Given the crisis of homelessness in the U.S., this program looks to especially reach communities that have been heavily impacted by the intersection of homelessness, substance use/substance use disorder and mental illness, and infectious diseases, specifically HCV.

This grant program specifically seeks applications from existing health care institutions that demonstrate strong infrastructure and established networks capable of reaching individuals with the greatest needs and most limited resources across geographic boundaries. Applicants should have the proven ability to rapidly implement integrated HCV, SUD, and serious mental illness treatment, leveraging their existing resources and community relationships to achieve meaningful impact at scale. SAMHSA strongly encourages applications that clearly articulate plans for comprehensive service delivery across varied demographic, socioeconomic, and geographic contexts, ensuring broad-based access to services.

A key aim of this program is to pilot an integrated care approach that cures HCV among the population of focus while also addressing key risk factors for HCV, including SUD, SMI, and homelessness. By addressing these risk factors, SAMHSA aims to identify insights and challenges to creating scalable model that can be applied more broadly to ensure long-term reduction or elimination of HCV among communities starting with those that have the greatest burden.

Hepatitis C is caused by infection of the liver with the hepatitis C virus. HCV is a bloodborne virus that can be transmitted through sharing needles, syringes, or other drug use equipment; from the gestational parent to baby during pregnancy or at birth; or (rarely) through sexual contact. In the United States, the most common risk factor for HCV infection is by sharing needles or other equipment used to inject or sniff drugs, accounting for over 50% of acute HCV infections by **some estimates**. Individuals with Serious Mental Illness (SMI) have been underrecognized as a priority population for HCV screening and management, despite high risk. The **prevalence of HCV infection in patients with SMI** may be as high as **9 times that of the general U.S. population**. People with SMI have a preponderance of HCV risk factors, including a

16%–22% estimated lifetime prevalence of injection drug use (IDU), as well as heightened incarceration rates compared to non-SMI populations.

According to the Centers for Disease Control and Prevention (CDC), people experiencing homelessness also often have multiple risk factors for HCV that, combined, put them at particularly high risk for acquiring and potentially transmitting the hepatitis C virus. These include injection and intranasal drug use, untreated mental illness, and multiple sex partners. Compounding these heightened risk factors, people experiencing homelessness often have difficulty engaging with the traditional healthcare system. The U.S. Department of Housing and Urban Development (HUD) estimated that there were **roughly 771,480 people experiencing homelessness on a single night in January 2024**. For people with HCV, stable housing is **significantly associated** with HCV treatment adherence and success. Conversely, people in unstable housing are less **likely to seek HCV** and **HIV treatment**. For some people, HCV is a short-term illness, but for about half of people who contract HCV, it becomes a long-term, chronic infection. **In 2023**, there were approximately 69,000 acute HCV infections and 101,525 cases of newly reported chronic HCV, with an associated 11,194 HCV-related deaths. **If left untreated**, HCV can cause severe complications including liver disease, cirrhosis (liver scarring), liver cancer, and increase risk for death. In the U.S., the **financial impact of chronic HCV** is estimated to exceed over $10 billion in annual healthcare costs, and is one of the leading causes of end-stage liver disease and need for liver transplant. Fortunately, with the advent of improved point-of-care testing as well as highly-effective oral medications, HCV can be cured with a course of treatment lasting 8-12 weeks. This pilot project presents a unique opportunity to demonstrate the feasibility and development of a model that can be scaled in a broader effort to eliminate[1] HCV in the country's communities.

SAMHSA encourages you to address the behavioral health needs of all people, including populations with higher prevalence of behavioral health conditions in your service area.

All activities proposed in your application and budget narrative must be in alignment with the current Executive Orders (EOs). For the latest guidance, please visit: Presidential Actions – The White House. If an application does not align with EOs, the application will not receive funding.

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

[1] CDC's Division of Viral Hepatitis **defines HCV elimination** as "to reduce new…hepatitis C virus infections by 90% and…hepatitis C-related deaths by 65%."

monitoring activities. This program's Key Personnel includes the Project Director (PD) and Program Coordinator.

- The **Project Director** (PD) is responsible for oversight of the project, including overseeing, monitoring, and managing the award. At least 20 percent level of effort is required.
- The **Program Coordinator** (PC) is responsible for overseeing the day-to-day management and operations of the award, including supervising staff; 100 percent level of effort is required.
- The **Nurse Care Manager** (NCM) is responsible for coordinating the physical and behavioral health needs of individuals with HCV and other health conditions, ensures a client-centered, low barrier approach to HCV treatment, and problem solves any issues participants may have in accessing HCV treatment medications. This individual must be a Registered Nurse or Advanced Practice Registered Nurse. At least 100 percent level of effort is required.

If awarded funding, you will be notified if your proposed Key Personnel have been approved. If your organization needs to replace a Key Personnel during your project period, SAMHSA needs to review their resume and job description to determine whether the replacement can be approved.

Required and Allowable Activities

Funds for this program are primarily for providing services to clients. These services must begin no later than 4 months after receiving the award.

In the Project Narrative you will provide the following:

- **B.1**: The unduplicated number of clients you propose to serve each year of the project
- **B.2**: A description of how you will implement the required activities.

Your organization is required to implement all the required activities listed below. Allowable activities are **not** required. However, your organization may propose to use funds for activities listed as allowable.

REQUIRED ACTIVITIES

Recipients are required to carry out activities within five broad categories.

Outreach and Prevention: Use community health prevention navigation to identify and connect individuals and social networks at risk for substance use, SUD, HCV, and homelessness to prevention and treatment services. This includes providing case management, facilitated referral to care and system navigation for SUD, HCV, HIV, SMI, and social services.

- Develop outreach and education campaigns for individuals and their social networks, families, and communities at risk of substance use and HCV. Related activities should focus on:
    - Reducing risks, decreasing stigma, and strengthening protective factors associated with HCV, HIV, substance use, and mental illness.
    - Increasing awareness of the dangers of illicit fentanyl and other synthetic opioids, stimulants, xylazine, and other emerging drugs.
    - Promoting positive changes at the community level, grounded in prevention strategies informed by community experience.

- Build and maintain partnerships through community-based coalition engagement with local nonprofit organizations, faith-based groups, medical providers, shelter and housing providers (including homeless services organizations and housing providers, public housing agencies, and local homeless entities as funded by the U.S. Department of Housing and Urban Development), and other nontraditional prevention partners.

    - If your organization is not a Ryan White HIV/AIDS Program (RWHAP) provider, you must create a written agreement (MOA) with a RWHAP provider to refer clients for HIV treatment.

- Provide prevention education, case management, system navigation, and rapid HCV/HIV testing and facilitated referrals to treatment (including PrEP and PEP services) when medically necessary.

- Distribute naloxone and other opioid overdose reversal medications.

- Provide mental health promotion, psychosocial support, and suicide prevention.

Same-Day Screening, Testing, and Treatment Initiation: Integrated same-day HCV and HIV testing, confirmatory testing, provision of results, initial medication prescription or initiation of HCV treatment, and linkage to care coordination and ongoing treatment. This same-day testing should be integrated with concurrent screening for SUD and SMI and initiation of treatment and active linkage to ongoing care as needed.

- Conduct integrated same-day on-site screening and testing for HCV and HIV. This testing must be conducted using tests that provide same-day results, such as **HCV RNA point-of-care testing**, HIV rapid testing and/or HIV self-test kits.

    - The provider must provide the patient with test results, a medication prescription or initiation of medication for Hepatitis C as per HCV Clinical Guidelines for **screening, diagnosis**, and linkage to care coordination and **ongoing treatment** that day.

- If people test positive for the HIV antibody, the provider must refer the patient for a confirmatory test, and linkage to care coordination and ongoing treatment that day, as clinically indicated.

- Conduct integrated screening and assessment for substance use disorders (SUD), serious mental illness (SMI), and/or co-occurring serious mental illness and substance use disorders (COD). For people with SUD and/or COD, you must provide or connect them to treatment resources that day.

Ongoing Treatment: Provide integrated low-barrier HCV, HIV, SUD and SMI treatment in communities that are at increased risk of HCV. The goal is to cure people that have HCV. Using a treatment-as-prevention approach, will help prevent recurrence of HCV, transmission of HCV to others, thus reducing new cases of HCV. Treatment of SUD and SMI is expected for those who need these services. Supporting recovery also helps reduce the risk of HCV reinfection. Determine the best means of recruitment of individuals and or social networks of infected individuals to understand and report optimal methods to reduce the prevalence of the virus in a community.

- Provide low-barrier integrated SUD and SMI treatment and recovery support services to individuals at risk for HCV and/or HIV. This should include:

  - Outpatient and intensive outpatient services depending on medical necessity. Services should include evidence-based approaches (e.g. motivational interviewing, cognitive behavioral therapy).

  - Food and Drug Administration (FDA)-approved medications to treat SUDs, including opioid use disorder (OUD) and alcohol use disorder (AUD).

  - Mental health treatment for SMI, depression and suicide prevention. Incorporate psychiatric medications as clinically indicated and prescribed by an appropriately licensed healthcare provider. Grant funds can be used to purchase psychiatric medication as a payer of last resort to be used in a gap-filling capacity while clients in need receive Medicaid or other ongoing coverage. Psychiatric medication purchased using grant funds cannot be used to provide maintenance medication for clients.

  - Recovery support services that are based on the participant's individual needs and are aligned with those allowable expenditures through the **Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and the Community Mental Health Services Block Grant (MHBG)**.

  - For people who test positive for HCV RNA, provide on-site direct-acting antiviral-based treatment, peer support, and care coordination. (NOTE: See Program

Monitoring section below regarding the expectations for grant recipients that indicate they will treat and cure 51-100 or >100 patients per year for HCV.)

- Assess clients to determine who would benefit from in person or virtual Directly Observed Therapy (DOT) for HCV and work with necessary grant staff and community partners to ensure clients that would benefit from DOT receive it.

- Provide care coordination, confirmatory testing, referral, peer support, and linkage to ongoing treatment for people who have HBV and/or HIV.

Peer Support and Care Coordination: Support patients with HCV, HIV, SUD, and/or SMI by providing comprehensive peer support services and care coordination across treatment, recovery, and social services based on the participant's individual needs. This will help foster trust, reduce stigma as a barrier to care, and empower participants through shared experience and comprehensive coordinated care.

- Assess for homelessness risk, housing status, and eligibility for federal, state, and local housing programs.
- Provide peer support services such as peer navigators, peer mentors, recovery coaches, or recovery support specialists who have lived experience appropriate to the population being served, including HCV, HIV, SUD, SMI, and/or homelessness.
- Provide care coordination that supports continuity of care across service providers, including facilitated referral, and effective linkage to social services based on the participant's individual needs. Care coordination should include, but is not limited to:
    - Active linkage to needed housing, childcare, vocational, educational, transportation, and nutrition assistance;
    - Healthcare system navigation, including enrolling eligible individuals in health insurance, Medicaid, and Medicare;
    - Assistance enrolling in benefit programs (e.g. Social Security Disability Insurance and Supplemental Security Income, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, prescription assistance programs, etc.);
    - Facilitated referral and linkage to routine and ongoing physical healthcare, and
    - Follow-up to ensure individuals are engaged and retained in care and treatment, and able to complete their HCV treatment.

Evaluation: Identify outcomes, track progress, and publicly report data on the impact of this HCV pilot program:

- Leverage existing health information technology, including electronic health record and health information exchanges to identify outcomes, track progress, and report data on the impact of this HCV pilot. This includes effectively coordinating with state and local public health services as necessary.
- Consider the potential benefit of using AI with accessible health data to gain greater insights on the social context of transmission and what methods of recruitment and treatment are the most efficacious at achieving higher rates of cure and reduction of the prevalence of the virus in communities with the highest burden.
- Monitoring and reporting on key outcome measures. Outcome data will be reported to the public for transparency and accountability. The specific measures to be gathered and reported on will be provided post-award. **A cascade of care** approach will be used for data collection and reporting, including HCV cure rates. Data elements may also be added during the grant program.
- SAMHSA may conduct a cross-site evaluation to learn more about this program. Recipients and sub-recipients will be required to participate fully in this evaluation, including collecting client-level data, as appropriate. Additional details will be provided post-award.
- Participate in a cohort-wide peer-to-peer "best practices" learning collaborative that shares experiences, innovative practices, challenges, successes, and lessons learned. SAMHSA may publish information from this learning collaborative. If requested, partner with SAMHSA to synthesize data for these publications is required.

  Document best practices and lessons learned while implementing HCV Elimination Pilot, report to SAMHSA and disseminate findings to the public. Report to SAMHSA once per year a narrative Annual Programmatic Progress Report documenting – among other requirements – best practices, lessons learned, and ongoing challenges.

ALLOWABLE ACTIVITIES: These activities may only be included in the proposed grant program after the grant recipient has budgeted for all of the required activities above.

1. **Outreach and Prevention:**

- Distribute supplies that limit health consequences of drug use (e.g. medication lock boxes, sharps disposal and medication disposal kits, wound care management supplies and drug test strips for xylazine, fentanyl and other synthetic drugs, etc.).
- Purchase and use digital prevention interventions, for example social media, web-based, mobile applications, virtual reality experiences, and peer support through telehealth and other digital platforms to advance outreach, prevention education, and treatment efforts among the population of focus.
- Provide hepatitis A and B vaccination to participants when medically necessary.

2. Same-Day Screening, Testing, and Treatment Initiation:

- Conduct on-site screening and testing for Sexually Transmitted Infections (STIs), including gonorrhea, chlamydia, syphilis, and other STIs and latent tuberculosis infection (LTBI) **as recommended by CDC**. For people who test positive for STIs and/or LTBI, you must provide or refer and link them to treatment services.

3. Ongoing Treatment:

- Offer motivational incentives of up to $25 per incentive to patients to encourage engagement in treatment activities, clinical appointments, or adherence to treatment regimens. These incentives should be directly linked to enhancing patient well-being, promoting recovery, or encouraging consistent participation in treatment programs. Incentives are limited to four times per patient through the course of HCV treatment and the final bloodwork to confirm HCV cure. See **Appendix Y** for more information.

- Administer medications other than those purchased by the award as prescribed by a licensed medical prescriber and as permissible by federal and state law. This can include Directly Observed Therapy (DOT) LTBI.

- Provide on-site treatment or referral to treat STIs (gonorrhea, chlamydia, syphilis and other STIs) and tuberculosis.

- Provide recovery housing.

    - Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by FDA for treatment of OUD, as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions. Recipients must describe the mechanism(s) in place in their jurisdiction to ensure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting. Recipients must also describe how recovery housing supported under this award is in an appropriate and legitimate facility (e.g., state or other credentialing or certification or an established or recognized model). For more information on recovery housing, see SAMHSA's guidebook **Best Practices for Recovery Housing**.

4. **Peer Support and Care Coordination:**

- Care coordination may include accompanying clients to their appointments and providing transportation to appointments. Use of public transportation is preferred, but direct transportation is allowable in instances without a public transportation option.

Note: Capitalizable infrastructure, such as computer systems/software are recoverable as depreciation through an approved negotiated indirect cost rate or 15% de minimis rate in accordance with your organization's existing capitalization/amortization policies.

Eligibility

Eligible Applicants

Eligible applicants are domestic public and private nonprofit entities, including:

- States and territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia;
- Political subdivisions of states.
- Indian tribes, or tribal organizations (as such terms are defined in **section 5304 of title 25**);
- Health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service;
- Public or private institutions of higher education, and
- Public or private non-profit organizations, including faith-based organizations.

  (NOTE: If you are a non-profit organization, you must provide documentation of your non-profit status in **Attachment 8** of your application.)

An organization may submit more than one application; however, each application must focus on a different geographic/catchment area(s).

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 report program-specific data in SAMHSA's Performance Accountability and Reporting System (**SPARS**) using SAMHSA's uniform data collection tool. The specific measures to be gathered and reported on will be provided post-award. A **cascade of care** approach will be used for infectious disease data collection and reporting, including HCV cure rates. Program-specific data on cascade of care measures, linkage to social services including housing support and changing housing status, and administrative data about the services provided will be reported on a quarterly basis. The data collection tools reflect the Presidential Executive Orders. You will receive training and technical assistance on SPARS after award.

The data you collect allows SAMHSA to report on key outcome measures. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification as well as other methods.

Performance Assessment

Recipients are required to submit programmatic progress reports 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.

For more information on completing this section, see **Developing Goals and Measurable Objectives** and **Developing the Plan for Data Collection and Performance Measurement**.

NOTE: Part of monitoring and performance assessment will include monitoring of the number of people the grant has treated and cured for HCV. This award has three tiers:

- Recipients treating and curing 25-50 patients per year for HCV
- Recipients treating and curing 51-100 patients per year for HCV
- Recipients treating and curing >100 patients per year for HCV

Recipients who indicated they would treat the number of patients per year within the tier, but treat and cure less than the number of patients within the tier **will** receive the funding amount for year 3 that aligns with the number of patients treated and cured.

Using Evidence-Based, Evidence-Informed, and Community-Defined Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In **Section C** of the Project

Narrative, you must identify the evidence-based practice (EBP), evidence-informed practice (EIP), and/or or community-defined practice (CDP) that will be used. For more information, see the **Grants Glossary**.

If an EBP exists for the individuals to be served and types of problems or disorders being addressed, it is expected you will use the available EBP(s). If an EBP does not exist but there are evidence-informed practices that are appropriate, you may implement these interventions. In **C.3**, you must discuss how you will ensure the fidelity of the practices you will implement.

You can visit SAMHSA's **Evidence-Based Practices Resource Center** to identify the practices appropriate for mental illness and substance use prevention, treatment, and recovery support that can be used in your project.

SAMHSA Core Principles and Other Expectations

When developing your project, you must consider SAMHSA's core principles of recovery, trauma informed approaches, a commitment to data and evidence, and access to high quality services for all, which align with the Administration's Make America Healthy Again Commission. 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 and/or in-person grant meetings and your full participation in these meetings is expected. You will be given more information about these meetings at a future date.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense [2] if you are providing mental and/or substance use disorder treatment services. The amount **cannot** be more than $10.00 per client per day.
- Funds **cannot** be used to support or provide services, either directly or indirectly, to removable or illegal aliens.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).

[2] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

- Recovery housing is an allowable cost. However, funds **cannot** be used to pay for non-recovery housing application fees, or housing deposits.

- Funds from this grant program **can** be used to purchase the following as a payer of last resort. (Note that these purchases may only be made after the grant recipient has budgeted for and/or implemented all of the required activities listed in the Required and Allowable activities section.):

    - Direct-acting antiviral (DAA) treatment for HCV - Grant funds should be used to purchase the most cost-effective HCV DAA available;
    - FDA-approved medications to treat SUD;
    - Psychiatric medication to be used in a gap-filling capacity while clients in need receive Medicaid or other ongoing coverage;
    - HAV and HBV vaccinations;
    - Naloxone;
    - Substance test kits, including test strips for xylazine, fentanyl and other synthetic drugs;
    - medication lock boxes;
    - sharps disposal and medication disposal kits; and
    - wound care management supplies.

- Funds from this grant program **cannot** be used to purchase:

    - Maintenance psychiatric medications;
    - Medications to treat HBV, HIV, STIs, or TB;
    - PrEP or PEP; and
    - Pipes/pipets, syringes, needles or other drug paraphernalia.

- Funds **cannot** be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).

- Funds under this NOFO are permitted to offer motivational incentives of up to $25 per incentive to patients to encourage engagement in treatment activities, clinical appointments, or adherence to treatment regimens. These incentives should be directly linked to enhancing patient well-being, promoting recovery, or encouraging consistent participation in treatment programs. Incentives are limited to four times per patient through the course of HCV treatment and the final bloodwork to confirm HCV cure.

Permissible forms of incentives include tangible items, vouchers, or gift cards redeemable for specific items and services that support patient health, recovery, or treatment engagement. **Cash or unrestricted cash-equivalent incentives are strictly prohibited.** Refer to **Appendix Y** for additional information on motivational incentive safeguards adherence.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section F* *in the Application Guide*.

Note that all activities proposed in your application and budget narrative must be in alignment with the current Executive Orders. For the latest guidance please visit: Presidential Actions – The White House. If an application does not align with current EOs the application will not receive funding.

Other Requirements

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. You are encouraged to include appropriately credentialed organizations that provide services to populations and communities with higher prevalence of behavioral health conditions. All required activities must be provided by you directly, by subrecipients, or through referrals to partnering agencies.

In **Attachment 1,** you must submit Letter(s) of Commitment to show that you can meet the following three service provision requirements:

- The primary grant applicant must have a CLIA waiver to provide on-site point of care HCV testing and HCV treatment that is integrated with behavioral healthcare. The provider(s) of the other required activities may be your organization, or another organization committed to the project as demonstrated by a Letter of Commitment (LOC) which states their commitment to that service provision. **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. **Failure to submit CLIA waiver documentation will result in your application being screened out.**
- Each mental health/substance use disorder prevention, treatment, or recovery support provider organization (which may include the applicant and any partners) must have at least 2 years of experience (as of the due date of the application) providing relevant services. Official documents (such as licensure or certification) must show that the organization has provided relevant services for the last 2 years.

- Each service provider must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as well as all federal requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. An individual's license cannot be used. Tribes and tribal mental health, substance use disorder prevention, treatment, and recovery support providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

Other than the CLIA waiver requirement, this is not a screen-out criteria. Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for an award if the requested information is not received by the due date.**

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. 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 ***Section A*** *in 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: TI-25-005.

If you can't use Grants.gov to download application materials, you may request them from dgr.applications@samhsa.hhs.gov.

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
Project Abstract	Use the Project Abstract Summary form.
Project Narrative	Use the Project Narrative Attachment form.
Budget Narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Other Required Forms	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 to be served (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: 20 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 20-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)/Service Providers/Evidence of Experience and Credentials

1. Identification of at least one experienced, credentialed mental health treatment, substance use prevention, substance use disorder treatment, or recovery support provider organization.

2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.

3. LOCs from these direct service provider organizations. **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.

4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements.

5. Documentation of current CLIA waiver or waiver application to implement POC testing for HCV. **Failure to submit this documentation will result in your application being screened out and not considered for award.**

Attachment 2: Data Collection Instruments or Interview Protocols

SAMHSA will provide a standardized data collection tool for this grant, so submission of this attachment is not required.

Attachment 3: Sample Consent Forms

As appropriate, submit sample consent forms that provide for:

- Informed consent for participation in service intervention.
- Informed consent for participation in the data collection component of the project.
- Informed consent for the exchange (release or request) of confidential information.

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 and Human Subjects

See ***Section B*** *in the Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

Review information on **Intergovernmental Review** and in **Section *I*** *in the Application Guide* for detailed information on E.O. 12372 requirements to determine if this applies.

Attachment 8: Documentation of Non-Profit Status

Proof of non-profit status must be submitted in your application by private non-profit organizations. Any of the following is acceptable evidence of non-profit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code.
- A copy of a current and valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has non-profit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status.
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Attachment 10: Statement of Certification

This attachment is not required.

Attachment 11: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.

You must complete Form **SMA 170** if your project is providing substance use prevention or treatment services.

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**. See the **checklist** to ensure you have submitted all the required forms or documents.

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

- **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, and Year 3):
  - ✓ (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).**

For additional information, see *Section E in the Application Guide* and Budget Related FAQs.

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 20-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 twenty pages.

- There are five sections (Sections A–E) 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 of focus and need statement (20 points – approximately 3 pages)

1. Given the crisis of homelessness in the U.S., this program looks to especially reach communities that have been heavily impacted by the intersection of homelessness, substance use/substance use disorder and mental illness, and infectious diseases, specifically HCV. Describe the specific geographic catchment area where you will deliver services, including which state(s) and/or county your organization will serve. Describe the burden of homelessness, HCV, substance use/substance use disorder and mental illness in your geographic catchment area, using quantifiable data to the extent available. Your data regarding the burden of HCV among your population of focus must support the target tier you select in Section B: Implementation Approach.
2. Provide a demographic profile of the individuals you will serve that includes race, ethnicity, federally recognized tribe (if applicable), language, sex, age, housing status, insurance status, and socioeconomic status. Include a description of the risk factor profile for hepatitis C in your population of focus.
3. Describe why there is a need for this project, including any service gaps experienced by populations affected by the intersection of homelessness, substance use, substance use disorder, mental illness, and HCV. Current prevalence rates or incidence data must be used to document the need. The data sources must be identified (e.g., the **National Survey on Drug Use and Health (NSDUH)**, **County Health Rankings & Roadmaps**, **Social Vulnerability Index**). (Note: citations may be included in an attachment.)

B: Proposed implementation approach (30 points – approximately 9 pages)

1. Describe the goals and measurable objectives of your proposed project. (See **Developing Goals and Measurable Objectives**) They must align them with the Statement of Need in A.3. Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds			
Year 1	Year 2	Year 3	Total

2. Describe how you will implement all the **required activities** in Step 1: Required and Allowable Activities. Include any anticipated other sources of funding, including Medicaid, Medicare, commercial insurance, etc., and how these funding sources will be leveraged to implement the required and allowable activities. NOTE: SAMHSA expects applicants to propose realistic and achievable targets for your population of focus. Your targets must be supported by the burden of HCV among your population of focus listed in Section A: Population of Focus and Need Statement. Increasing targets far above 100 clients will not result in additional funds and will not increase your score in this section. If you treat and cure **fewer** patients than the number in the tier identified in your application, your year 3 award will be consistent with the number of patients you treated and cured. If you treat and cure **more** patients than the number in the tier identified in your application, your year 3 award will remain unchanged. See the **Performance Assessment** section for more information.
3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire [# of years] years of the program. It must include dates, key activities (i.e., Step I required activities), and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Proposed evidence-based practice (EBP), evidence-informed practices (EIP), and/or community-defined practice (CDP) (15 points – approximately 2 pages)

1. Identify the EBP(s), EIP(s), and/or CDP(s) that you will use. Discuss how each intervention chosen is appropriate for the individuals you will serve.
2. Describe any modifications you will make to the EBP(s), EIP(s), and/or CDP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

3. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. (For more information about monitoring fidelity, see **Fidelity Monitoring Tip Sheet**).

D: Organizational experience and staffing (25 points – approximately 5 pages)

1. Describe the experience your organization has with similar projects and/or providing services to the population(s) of focus, including serving populations affected by the intersection of homelessness, substance use, substance use disorder, mental illness, and HCV. Include a description of your organization's existing infrastructure and capacity for testing and treating HCV integrated within behavioral healthcare settings. By the time of award, your organization must have a CLIA waiver to provide HCV POC testing, so indicate that your organization will have a CLIA waiver here and submit your waiver or your application for such a waiver in Attachment 1.

2. Identify any organization(s) you will partner with, including those who will comprise your required coalition and any Ryan White HIV/AIDS Program providers if your organization is not already one. For each, include a description of their experience providing services to the individuals you plan to serve and their specific roles and responsibilities for this project. [NOTE: Letters of Commitment from each partnering organization must be included in **Attachment 1.**]

3. Provide a complete list of all significant staff positions for the project, including the Key Personnel (Project Director, Program Coordinator, and Nurse Care Manager). 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.

E: Data collection and performance measurement (10 points – approximately 1 page)

1. Describe how you will monitor and report on key outcome measures and measurable objectives data for this project.

2. Describe how you will identify outcomes, track progress, and publicly report data on this HCV elimination program, including collecting client-level data as part of a cross-site evaluation.

3. Describe how you will use the data 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 not prudently manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices.

We use SAM.gov **Responsibility/Qualification** to check this history for all awards likely to be over $250,000.

You can comment on your organization's information in SAM.gov. We will 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 based on the following:

- When the individual award is over $250,000, approval by the Center for Substance Abuse Treatment National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.
- At least one, and up to five, award(s) will be made to American Indian/Alaska Native (AI/AN) tribes, or tribal organizations, pending sufficient application volume and final mix of award sizes.
- The extent to which your application addresses populations affected by the intersection of homelessness, substance use, substance use disorder, mental illness, and HCV and the strength of your organization’s existing infrastructure and capacity to integrate HCV services into a behavioral healthcare setting.

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.

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 August 1, 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***.**

Intergovernmental Review

You will need to submit application information for intergovernmental review under **Executive Order 12372**. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. For more information see ***Section I*** *in the Application Guide*.

This requirement does not apply to states or American Indian and Alaska Native tribes or tribal organizations.

Application Checklist

Make sure that you have everything you need to apply. For more information about required forms, see ***Section A*** *in the Application Guide*.

Component	Form to use	Page limit
Project Abstract	Use the Project Abstract Summary Form.	1 page
Project Narrative	Use the Project Narrative Attachment form.	20 pages
Budget Narrative	Use the Budget Narrative Attachment form.	None
Attachments	Insert each in a single Other Attachments form.	
1. Letters of commitment, if applicable		None
2. Data collection instruments and/or interview protocols		None
3. Sample consent forms		None
4. Project timeline		2 pages
5. Biographical sketches and position descriptions		See: **Biographical Sketches**
6. Confidentiality and SAMHSA Participant Protection		None
7. Letter to Single Point of Contact		None
8. Documentation of Non-Profit Status		None
9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable		None
10. Statement of Certification		None
11. Charitable Choice Form		None
Other Required Forms/Documents	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		None
☐ Budget Information for Non-Construction Programs (SF-424A)		None
☐ Project/Performance Site Location(s) Form		None
☐ Grants.gov Lobbying Form		None
☐ Other Active Federal Awards, if applicable	Other Attachments form	None

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**/2 CFR 200, 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*.

Reporting Requirements

Annual Progress Reports

Recipients are required to submit an annual Programmatic Progress Report. The progress 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 and implementing evaluation activities;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Best practices, lessons learned, and ongoing challenges as part of the pilot evaluation;
- Problems encountered serving the populations of focus and efforts to overcome them; and
- You must submit a final performance report 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 Y: Motivational Incentives

Recipients of funds under this NOFO are permitted to offer motivational incentives of up to $25 per incentive to patients to encourage engagement in treatment activities, clinical appointments, or adherence to treatment regimens. These incentives should be directly linked to enhancing patient well-being, promoting recovery, or encouraging consistent participation in treatment programs. Incentives are limited to four times per patient through the course of HCV treatment and the final bloodwork to confirm HCV cure.

Permissible forms of incentives include tangible items, vouchers, or gift cards redeemable for specific items and services that support patient health, recovery, or treatment engagement. Cash or unrestricted cash-equivalent incentives are strictly prohibited.

The following safeguards must be adhered to when providing motivational incentives:

- **Eligibility:** Incentives may only be provided to individuals actively enrolled in treatment programs or clinical services funded by this grant.
- **Permissible Incentives:** Incentives may include health-supportive products or services such as transportation vouchers, nutritional food items, recreational activities, wellness products, educational materials, clothing, household items, or similar goods promoting recovery and treatment adherence.
- **Prohibited Incentives:** Under no circumstances may incentives include or allow for the purchase of:
    - Weapons
    - Intoxicants (including alcohol)
    - Tobacco or nicotine products
    - Gambling-related items (e.g., lottery tickets)
    - Pornographic materials
    - Over-the-counter preparations containing intoxicants (e.g., certain cough syrups)
    - Drug paraphernalia
- **Documentation:** Clear documentation of all incentive distributions is required, including recipient identification, incentive type and value, justification linking the incentive to a specific recovery-oriented or clinical objective, and tracking of individual, cumulative incentive values.
- **Immediate Distribution:** Incentives should be provided immediately following verification of the behavior or treatment activity of focus.
- **Professional Oversight:** Incentive distribution and monitoring must be performed by licensed healthcare practitioners authorized to deliver treatment activities in their state. Peer specialists may support but must not independently administer incentives.
- **Non-marketing:** Incentives must not be advertised or marketed as inducements to attract patients to specific providers or services.