Follow the Six Steps
in the Application Process

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: Strategic Prevention Framework-Partnership for Success for States

NOFO Number: SP-25-003

Step 1: Review the Opportunity

Basic Information

NOFO Name: Strategic Prevention Framework-Partnership for Success for States

Short Title: SPF-PFS-States

Modified Announcement

Funding Opportunity Number: SP-25-003

Assistance Listing Number: 93.243

Application deadline: March 18, 2025

Eligible Applicants: Eligibility is limited to states, including U.S. Territories, Pacific Jurisdictions, and the District of Columbia.

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

The SPF-PFS program is authorized under Section 516 of the Public Health Services Act, as amended, (42 U.S.C. 290bb–22).

Agency Contacts

Program and Eligibility Questions

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Financial and Budget Questions

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Review Process and Application Status Questions

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Executive Summary

The SPF-PFS-States program is intended to continue to build prevention capacity throughout states and to strengthen the capacity of local community prevention providers.

The purpose of this program is to:

- Help prevent and reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being.
- Expand and strengthen the capacity of state and local community prevention providers serving underserved communities and tribes.
- Implement evidence-based, evidence-informed, and community-defined evidence-based prevention strategies.

With this program, SAMHSA aims to strengthen state and community-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking and use of cannabis, tobacco, vaping, opioids, methamphetamine, and other emerging substances of concern, as well as the progression of substance use among youth, young adults, and adults.

Key Dates

Application Deadline: March 18, 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: $13,000,000

Estimated Number of Awards: 6

Estimated Award Amount: Up to $2,000,000 per year per award

Length of Project Period: Up to 5 Years

Your annual budget cannot be more than $2,000,000 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:

- Help prevent and reduce the initiation and progression of substance use and its related problems by supporting the development and delivery of community-based substance use prevention services that strengthen protective factors, reduce risk factors, build resilience, and promote well-being.
- Expand and strengthen the capacity of state and local community prevention providers serving **underserved** communities and tribes.
- Implement evidence-based, evidence-informed, and community defined evidence-based prevention strategies.

According to the **National Survey on Drug Use and Health (NSDUH)**, in 2023, 70.5 million people aged 12 or older reported past-year illicit drug use and 48.5 million (or 17.1 percent of this population) had a substance use disorder (SUD) in the past year, including 28.9 million who had an alcohol use disorder and 27.2 million who had a drug use disorder. In 2023, the estimates of past year SUD among people aged 12 or older was highest among Non-Hispanic American Indians or Alaskan Native people (25.3 percent compared to the estimates for people in all other racial/ethnic groups). LGB+ youth were about twice as likely as straight youth to have had a SUD in the past year.

Through the SPF-PFS program, SAMHSA aims to prevent and reduce substance use and its related harms by supporting efforts to strengthen prevention programs, policies, and practices. The SPF-PFS program is designed to align with the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles. The SPF process includes five steps (assessment, capacity, planning, implementation, and evaluation) and two guiding principles (cultural competence and sustainability). This process offers prevention planners a comprehensive approach to understanding and addressing the unique substance use and related behavioral health problems facing their communities. More information about the SPF Process can be found in **A Guide to SAMHSA's Strategic Prevention Framework**.

The SPF-PFS program also aims to strengthen community-level prevention capacity to identify and address local substance use prevention concerns, such as underage drinking and use of cannabis, tobacco, vaping, opioids, methamphetamine, and other emerging substances of concern, as well as the progression of substance use among youth, young adults, and adults. Recipients are expected to use the SPF to address up to three substance use prevention priorities identified through a data-driven approach.

You must comply with **federal civil rights laws** that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex . Recipients must also agree to comply with **federal conscience laws**, if applicable.

To identify underserved communities and populations disproportionately impacted by substance use, the following resources are available:

- **National Survey on Drug Use and Health (NSDUH)**
- **Youth Risk Behavior Surveillance System (YRBSS)**
- **Behavioral Risk Factor Surveillance System (BRFSS)**
- **Monitoring the Future (MTF)**

The above list of resources is not a definitive list of available data resources. Applicants are encouraged to use other data sources and studies to identify underserved communities and sub-populations.

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.

- Key Personnel for this program are:
  - **Project Director** at a minimum **0.5 FTE** level of effort. The Project Director is responsible for oversight of the entire project.
  - **Data Analyst** at a minimum **0.5 FTE** level of effort. The Data Analyst is responsible for epidemiological data and program analysis. **Note:** The Data Analyst cannot be the same person as the Project Director.

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 the job description to determine whether the replacement can be approved.

Required Activities

Funds must be primarily used to support capacity building. **Capacity building involves strengthening the ability of your organization to meet identified goals so that it can sustain or improve the delivery of services.** State recipients will have the opportunity to support communities through two different capacity building models depending on the needs of their communities. Applicants can elect to utilize one or both models to support the development of substance use prevention capacity and services.

- **Model A:** Community Capacity Building Activities. This model will allow PFS State recipients to provide capacity building activities, such as providing technical assistance (TA) directly to the community, prevention organizations and providers, community anchor institutions, and other interested parties.
- **Model B**: Community Capacity Building Grants. This model will allow PFS State recipients to fund communities/organizations directly to provide prevention services. For those recipients that utilize Model B, states must fund a minimum of two subrecipients from the community that demonstrates a need for programming in their selected prevention priorities.

In the Project Narrative (**B.2**), you will provide a description of how you will implement all the required activities listed below. The required activities associated with the SPF are the same for both Model A and Model B. The required activities listed below must be completed regardless of which model applicants select.

State recipients should utilize the award to identify and build the capacity of communities with high substance use risks with the goal of strengthening these communities and the capacity of community-based organizations to implement and sustain prevention services. Recipients will use the SPF to address capacity building within the identified community(ies) through a data-driven approach. Funds must be used primarily to support the development of substance use prevention, including the following activities:

Within the first 180 days, the state is required to start implementation of the following activities:

Assessment

- Assess the prevention landscape in the state and use the SPF to develop a statewide community health assessment (also known as a community health needs assessment), a state, tribal, local, or territorial health assessment that identifies key substance use prevention needs, disparities in prevention service delivery and issues through systematic, comprehensive data collection and analysis (See **Community Planning for Health Assessment: CHA & CHIP**). The prevention landscape includes existing prevention organizations and resources, data collection systems, policy environment, and TA resources. Prevention providers, organizations supporting the prevention field, prevention partners and interested parties, and prevention services being delivered in communities and/or community anchor institutions, such as faith-based organizations, cultural associations, schools and universities, youth serving organizations, local community centers and/or local businesses, etc., are also part of the prevention landscape.
- Use the results of the statewide community health assessment activities and the community health improvement process to develop a statewide community health improvement plan to address substance use prevention across the state that is a long-term, systematic effort to address public health problems. (See **Community Planning for Health Assessment: CHA & CHIP**).
- Collaborate with the State Epidemiological Outcomes Workgroup (SEOW) to assess and identify existing data and/or data dashboard(s); how to access these data, trends, and current data gaps; and disaggregate data from underserved populations.
- Develop a plan for dissemination of the Statewide Community Health Assessment. For example, how will the results be shared, who are the key partners and stakeholders that will receive the results, what will the process be to access the results, and who can access them?
- Assess the state's capacity by identifying existing local community prevention providers, organizations, and resources within the state that may be in the development phase and are not yet funded or do not have capacity to apply for a separate SPF-PFS award through SAMHSA (e.g., SPF-PFS-Communities/Tribes). For example, states could utilize asset mapping, environmental scans, community readiness assessments, key informant interviews, focus groups, or a SWOT analysis to identify and develop an inventory of the prevention landscape within the state.

- Identify eligible communities that the state designates as a population of focus that may be at greater risk and/or are underserved by existing prevention services. Ensure youth are meaningfully engaged in and inform the assessment process. **Note**: This information will aid in the development of the Differential Impact Statement that is required.

  Work Plan(s) Due:
  - The statewide community health assessment is due with the second quarterly report.
  - The statewide community health improvement plan is due with the third quarterly report.

Capacity

- Identify strategies and implement plans to build the capacity of subrecipients or prevention providers for underserved communities through funding, TA, integration with community partners, and sharing of resources that positively positions subrecipients to prepare and complete applications for prevention funding in the future, including the SPF-PFS-Communities/Tribes program. Examples of TA for state subrecipients might include the following:
  - Information and data sharing (i.e., evidence-informed strategies in specific settings, knowing your audience, reporting results accurately and ethically)
  - Resource development
  - Developing logic models
  - Creating evaluation plans
  - Developing their own Differential Impact Statements
  - Workforce development

- Initiate efforts to engage and partner with these organizations for targeted substance use prevention or capacity building training and TA activities. To identify these communities, the state should review state epidemiological data or other relevant data for inclusion of all relevant underserved communities with respect to prevention services. States must provide the criteria and justification used when identifying these communities. States will develop strategies to enhance the capacity of community-level prevention providers that:
  - Includes funding a minimum of two subrecipient communities/community providers that demonstrate a need for prevention strategies in their selected prevention priority(ies) as dictated by the available data and assessment. Additionally, subrecipients may provide capacity building activities, such as training and TA, to strengthen the local level prevention infrastructure in the state, especially in underserved communities.
    - **Note:** PFS State recipients should put emphasis on identifying and selecting existing local community prevention providers and/or organizations within the state that may be in the development phase and are not yet eligible or

ready to apply for a SPF-PFS award through SAMHSA (e.g., SPF-PFS-Communities/Tribes). Past and/or current SPF-PFS Communities/Tribes recipient may be selected as subrecipients if the SPF-PFS State funding is to support efforts that are **not duplicative** and are **separate** *from* the PFS Communities/Tribes funding. In addition, the SPF-PFS-Communities/Tribes recipient *must* serve a *different* population of focus or geographic catchment area as a SPF-PFS State subrecipient.

- Connect and orient local community prevention provider organizations to SAMHSA's Prevention Technology Transfer Center (PTTC) and Strategic Prevention Technical Assistance Center (SPTAC) to strengthen their prevention capacity, as well as the capacity of their subrecipients.
- Enhance the fiscal management of community subrecipients by providing TA and guidance on sound fiscal management.
- Work in conjunction with the SPF-PFS-Communities/Tribes recipients to establish a plan for regular communications and engagement to ensure the coordination of efforts, address gaps in prevention, improve networking relationships, and promote innovations and partnerships within and across communities. Collaborate with cross-sector partners and anchor institutions (i.e., universities, faith-based organizations, public health departments, and other place-based organizations), community leaders, and organizations that can provide input, oversee, and sustain your prevention initiatives. For example, consider establishing a steering committee or workgroup that is made up of community members reflecting the sociodemographics of your state (e.g., age, geography, sex, sexual orientation, and disability).
- Engage an existing or newly established youth advisory group (i.e., youth advisory committee) to provide meaningful input and co-development on all aspects of the SPF for your prevention initiative, from ideation to implementation. The makeup of the youth group should reflect the sociodemographics of the population of focus.
- Identify opportunities and activities to foster collaboration, partnership, and engagement among state subrecipients and recipients of the SPF-PFS-Communities/Tribes award.

Planning

- Identify which risk and protective factors are the key drivers of your state's substance use priorities. For example, consider prioritizing risk and protective factors by exploring their importance (how a specific risk or protective factor affects a problem) and changeability (the capacity to influence a specific risk or protective factor).
- Work with subrecipients or prevention providers and provide TA (when necessary) to identify programs, policies, or practices that address one or more of the risk and protective factors. Include evidence-based, evidence-informed, and community defined evidence-based prevention programs, policies, and practices as part of the planning process. Some programs and practices may require careful adaptations to fit your state and subrecipient community's specific needs. For example, cultural adaptations to a

program or practice may require you to consider the language, values, attitudes, beliefs, and experiences of the population of focus.

- Include regular engagement with the established youth advisory group and SPF-PFS-Communities/Tribes award recipients, if applicable, as well as community partners to strengthen and inform planning efforts at the community level. Develop a logic model to communicate where your prevention efforts are headed and how goals will be reached.

By the end of Year 1 of the project, the state recipient is required to start implementation of the following activities:

Implementation

- Provide TA to community subrecipients or prevention providers on strategies to ensure:
  - All elements of the SPF are utilized.
  - Goals and objectives are achieved.
  - Sustainability is addressed throughout the SPF process.
- Establish and implement strategies, including the use of technology and partnerships, across the state, aimed at the community level that support the wide dissemination and adoption of evidence-based, evidence-informed, and community defined evidence-based programs, policies, and practices in substance use prevention. (See **https://www.samhsa.gov/resource-search/ebp**).
- Communicate, collaborate, and coordinate with subrecipients to ensure that the delivery of prevention services (Evidence Based Practices, Policies, and Programs or EBPPPs) is being identified and implementation plans are being developed.
- Continually monitor subrecipient implementation through locally driven feedback mechanisms (e.g., through advisory councils, focus groups) and be prepared to help subrecipients modify strategies and provide TA as needed.
- Implement a language access and assistance effort to increase reach to underserved populations. This effort should align with SAMHSA's Language Access Plan and with Title VI of the Civil Rights Act, which requires language assistance for any federally funded programs or activities. For example, written materials should be translated into languages[1] representative of the communities served; ASL and language interpreters should be provided as needed.

  Work Plan Due:
  - The strategic plan is to be submitted with the fourth quarterly report.

Evaluation

- Expand the data collection and analysis capacity of community subrecipients by providing TA on local-level reports (e.g., county, zip code, census track), trainings, and

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[1] Guidance for Federal Financial Assistance Recipients (related to Title VI). **https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html**

access to data. Recipients should ensure that data, methods of collection, and data tools are culturally appropriate and meaningful to diverse, underserved communities.

- Develop an evaluation plan for identified targeted strategies and populations as well as the identification and assessment of strategies and approaches used to build organizational capacity at the community level related to prevention.
- A cross-site evaluation may be required to build the evidence base for this program. Recipients may be required to participate fully in all aspects of the evaluation. If applicable, details on the evaluation, including the scope and expectations of the evaluation, will be provided upon award.

  Work Plan Due:

  - The evaluation plan is to be submitted with the third quarterly report.

Required Work Plans

- Statewide Community Health Assessment, due with second quarterly report.
- Statewide Community Health Improvement Plan, due with third quarterly report.
- Evaluation Plan, due with third quarterly report.
- Strategic Plan, due with fourth quarterly report.

Allowable Activities

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

- **Use the SPF to implement novel, promising, or community-defined evidence-based prevention programs, policies, or practices** that allow the state and/or subrecipients to respond to emerging substance use concerns, particularly among sub-populations that may be at greater risk and underserved communities. Consider **working with your state's Single State Agency and/or Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant Coordinator, the PTTC or SPTAC, to design and identify programs, policies, and practices.**
- **Identify and collaborate with entities serving the selected communities and at-risk populations**, such as SUD treatment providers, recovery community organizations, local organizations that provide overdose education and distribute overdose reversal medications, emergency medical services agencies (e.g., 988/Local Crisis Call Center), departments of justice, child protective agencies, mental health agencies, local health departments, school districts, and community-based organizations serving underserved populations.

Note: Capitalizable infrastructure, such as computer systems/software and Health Information Technology (HIT), are recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization's existing capitalization/amortization policies. See guidelines for HIT at **[Frequently Asked Questions (FAQs)]**.

Eligibility

Eligible applicants

- Eligibility is limited to states as well as the District of Columbia, 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.

SPF-PFS recipients funded under the SPF-PFS NOFO in FY 2021 (SP-20-002) – project period 9/30/2021 – 9/29/2026, FY 2022 (SP-22-004) – project period 9/30/2022 –9/29/2027, FY 2023 (SP-23-004) – project period 09/30/2023 – 09/29/2028), or FY 2024 (SP-23-004) – project period 09/30/2024 – 09/29/2029) are not eligible to apply.

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 so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in **Section D** of your Project Narrative.

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

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

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

Your organization is required to conduct an evaluation of your project. You will be asked to provide input on proposed evaluation questions and design, collect data, and report evaluation findings and recommendations. Your evaluation will enable you to improve project performance and increase understanding of factors that contribute to the success of your program. SAMHSA will provide additional requirements on the scope and expectation after award.

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.

Recipients will be required to report the following performance measures:

- Number of individuals reached through one or more indirect/population-based prevention efforts.
- Number of individuals served through direct/individual-based prevention efforts by demographic group.
- Prevention strategies by IOM category (universal, selected, indicated; found at **https://www.samhsa.gov/grants/block-grants/subg** and prevention strategy approach (e.g., policy, program, or practice).

Recipients will set targets for these performance measures annually and provide updates toward meeting these targets quarterly using SAMHSA's Performance Accountability and Reporting System (SPARS).

Additionally, recipients must include at a minimum the following measures for each priority area in the annual Programmatic Progress Report (PPR):

- Intervening variable – Risk Factor Reduction
- Intervening variable – Protective Factor Promotion
- Consumption or Behavior Variable
- Consequence Variable

Differential Impact Statement (DIS)

The Differential Impact Statement (DIS) is designed to help SAMHSA recipients show differential rates of involvement across populations in their funded projects. A key element of performance assessment is determining if your project is improving or expanding the reach of populations, including those who have not received services, in the project. The DIS is a requirement of all discretionary grant recipients. If your application is funded, you must develop a **DIS** no later than 90 days after award. You are expected to collect data to evaluate if the disparities you identified in your DIS are being addressed.

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

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. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted. 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 unallowable expense.
- For those recipients that utilize Model B, states must fund a minimum of two subrecipients from the community that demonstrate a need for programming in their selected prevention priorities.

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

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 *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: SP-25-003.

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** (see ***Section A*** in the *Application Guide.*)

Project Abstract

Page limit: 1 page

Your project abstract should include the project name, population of focus (demographics), 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 five 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 five 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 one page each and biographical sketches should be two 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

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

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: 9/29/2030.
  - **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, Year 4, and Year 5). For example, if funds are being requested for 4 years total, enter the requested budget amount for each of those budget periods in columns b, c, d, and e (i.e., 4 out years):
  (b) First column is the budget for the second budget period.
  (c) Second column is the budget for the third budget period.
  (d) Third column is the budget for the fourth budget period.
  (e) Fourth column is the budget for the fifth 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 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 10 pages.
- There are four 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) b**efore 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 (Up to 35 points – approximately 3 pages)

1. Identify and describe the geographic catchment area where the project will be implemented and the population(s) that will be impacted by the capacity building in the targeted systems or agencies.

2. To the extent possible, provide a demographic profile of the population(s) of focus in the catchment area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, sexual orientation, age, and socioeconomic status.

3. Describe the need to increase the capacity of your organization to implement, sustain, and improve substance use prevention services in the selected population(s), including those who are underserved or under-resourced. Include information on the service gaps and other problems related to the need for capacity building. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index, etc.). (Note: citations may be put in an attachment.)

B: Proposed implementation approach (30 points – approximately 5 pages, not including Attachment 4 – Project Timeline)

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.

2. Describe how you will implement all the **required activities** in Step 1. Be sure to include how you will implement the required activities for Model A and/or Model B, depending which model(s) are being utilized. Model A and Model B are defined under required activities.

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire five years of the program. It must include dates, key activities (i.e., Section I required activities), and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Project Narrative.

C: Organizational experience and staffing (20 points – approximately 1 page)

1. Describe the experience of your organization:
    - With similar projects and/or providing services to the population(s) of focus
    - Working with underserved populations

2. Identify any other organization(s) that will partner with you on this project. Describe their specific roles and responsibilities for this project. Letters of Commitment from each partner organization must be included in **Attachment 1.** Indicate if you are not partnering with any other organizations.

3. Provide a complete list of all significant staff positions for the project, including the Key Personnel (Project Director and Data Analyst). 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 not prudently manage federal funds. We need to make sure you've 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'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 based on the following:
  - When the individual award is over $250,000, approval by Center for Substance Abuse Prevention National Advisory Council.
  - Availability of funds.
  - Submission of any required documentation that must be submitted prior to making an award.
  - SPF-PFS recipients funded under the SPF-PFS NOFO in FY 2021 (SP-20-002) – project period 9/30/2021 – 9/29/2026, FY 2022 (SP-22-004) – project period 9/30/2022 – 9/29/2027, FY 2023 (SP-23-004) – project period 09/30/2023 – 09/29/2028), or FY

2024 (SP-23-004) – project period 09/30/2024 – 09/29/2029) are not eligible to apply.

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 March 18, 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. Some states have this process, and others don't.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, submit a Public Health System Impact Statement to appropriate state and local health agencies. See *Section J* in the *Application Guide*.

Application Checklist

Make sure that you have everything you need to apply:

Component	Form to use	Page limit
Project Abstract	Use the Project Abstract Summary Form.	1 page
Project Narrative	Use the Project Narrative Attachment form.	10 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 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 State Point of Contact		None
8. Documentation of Nonprofit Status		None
9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable		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
☐ Assurances for Non-Construction Programs (SF-424B)		None
☐ Project/Performance Site Location(s) Form		None

☐ Grants.gov Lobbying Form		None
☐ HHS 690 Form		None
☐ Other Active Federal Awards, if applicable		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 NoA. 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 NOA.
- 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*.

Nondiscrimination 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

You are required to submit an **annual Programmatic Progress Report** (PPR) in eRA Commons. The progress report is due within 90 days of the end of each budget period. The PPR should cover all grant activities during the reporting period and must include, at a minimum:

- Reporting period activities and accomplishments
- Evaluation updates and outcomes, including Annual Impact Reporting
- Planned activities for the upcoming reporting period
- Reporting period challenges and mitigation strategies implemented

Annual Impact Reporting: You are required to identify up to three community-level prevention priorities to address. For each priority, you will need to develop an impact reporting model which links the program/activity inputs described above to community level impact. The Annual Impact Reporting will be due within 90 days of the end of each budget period as part of the PPR.

Quarterly Reports will be due in SAMHSA's SPARS. The progress report is due within 30 days of the end of the reporting period.

Required Work Plans

- Statewide Community Health Assessment, due with second quarterly report (April 30, 2026).
- Statewide Community Health Improvement Plan, due with third quarterly report (July 30, 2026).
- Evaluation Plan, due with third quarterly report (July 30, 2026).
- Strategic Plan, due with fourth quarterly report (October 31, 2026).

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.