Follow the Six Steps
in the Application Process

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: FY 2026 Cooperative Agreement for 988 Suicide & Crisis Lifeline Administrator

(Short Title: 988 Lifeline Administrator)

NOFO Number: FG-26-001

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: FY 2026 Cooperative Agreement for 988 Suicide & Crisis Lifeline Administrator

Short Title: 988 Lifeline Administrator

Opportunity Number: FG-26-001

Announcement Version: Original

Federal Assistance Listing: 93.243

Eligible Applicants: Eligible applicants are domestic public and private nonprofit entities. See Eligibility for complete eligibility information.

Key Dates

Application deadline: 2/27/2026

Expected Award Date: 4/30/2026

Expected Start Date: 5/15/2026

Response to Executive Order 12372: See Intergovernmental Review and ***Section J*** in the *Application Guide.*

Important Resources

Applicants are expected to follow guidance provided in the *FY 2026 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 the Grants Glossary for definitions of terms used in this NOFO.

Authorizing Statute

The 988 Lifeline Administrator program is authorized under Section 520E-3 of the Public Health Service Act, as amended (42 U.S.C. 290bb-36c), Section 9005 of the 21st Century Cures Act, and the National Suicide Hotline Designation Act of 2020.

Agency Contacts

Program and Eligibility Questions

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Review Process and Application Status Questions

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Summary

The overarching goal of the 988 Suicide & Crisis Lifeline (988 Lifeline) is to save lives by serving anyone, anywhere, at any time. The purpose of this program is to serve as the 988 Lifeline Administrator and manage, enhance, and strengthen the 988 Lifeline. The 988 Lifeline routes help-seekers via call, text, chat, and videophone to a nationwide network of certified crisis contact centers (988 Lifeline Network). These crisis contact centers link the help-seekers to local emergency, behavioral health, and social services resources. As the 988 Lifeline Administrator, your organization is expected to:

- Establish and maintain the operational, technical, and data infrastructure that supports the 988 Lifeline Network and subnetworks of crisis contact centers.
- Develop, implement, and oversee products and processes that uphold strong clinical standards, support effective training programs, and best practices.
- Ensure continuous quality improvement and active participation in research and evaluation initiatives across the 988 Lifeline Network. Provide oversight and technical assistance to 988 Lifeline Network partners, including 988 state and territorial leads, crisis contact centers, tribal leaders, and connections with other critical services.
- Manage and strengthen communications with help-seekers and 988 Lifeline Network partners, to support awareness, build trust, and ensure transparency.

Funding Details

Funding Type: **Cooperative Agreement**

Estimated Total Available Funding: $231,482,876

Estimated Number of Awards: 1

Estimated Award Amount: Up to $231,482,876 per year

Length of Project Period: Up to 5 years

Your annual budget cannot be more than $231,482,876 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, compliance with all terms and conditions of award, and alignment with SAMHSA and Trump Administration priorities.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2026 appropriation. The amount of funding awarded depends on the availability of funds.

Program Description

On July 16, 2022, the country transitioned the National Suicide Prevention Lifeline to 988, an easy-to-remember, three-digit dialing code. Calls, texts and chats to 988 Lifeline are answered by more than 200 local, independently owned and operated crisis contact centers. The 988 Lifeline offers 24/7 access to trained crisis counselors via call, text, and chat for people experiencing suicidal crisis, substance misuse, behavioral health crises, or any other kind of emotional distress. People can also call, text, or chat 988 if they are worried about a loved one who may need crisis support. The Consolidated Appropriations Act, 2022, established SAMHSA as the lead federal behavioral health crisis services entity. The 988 Lifeline Administrator, in consultation with SAMHSA, oversees the 988 Lifeline system with formal expectations of the clinical, technical, and operational network performance necessary to deliver the 988 Lifeline services to millions of people each year.

Purpose

The purpose of this program is to serve as the 988 Lifeline Administrator and manage, enhance, and strengthen the 988 Lifeline. The 988 Lifeline Administrator will maintain a robust network of crisis contact centers, implement, and oversee the national standards of care and quality to ensure that everyone who contacts the 988 Lifeline receives access to skilled, caring, culturally competent crisis counselors.

From July 2022 through July 2025, the 988 Lifeline received more than 17.5 million calls, texts, and chats. This large volume of calls, texts, and chats continues to demonstrate the need for and support for crisis services. Recent data also underscore the need for a comprehensive crisis care system. In 2024, according to **SAMHSA's National Survey on Drug Use and Health** (NSDUH), 5 percent of adults ages 18 years or older (or 14.3 million people) and 10.1 percent (or 2.6 million people) of adolescents ages 12 to 17 years had serious thoughts of suicide. There were also over 80,000 drug overdose deaths in 2024 reported by the Centers for Disease Control and Prevention's **National Center for Health Statistics**.

SAMHSA, in working with Tribes, the Indian Health Service, and National Indian Health Board, developed the **National Tribal Behavioral Health Agenda (TBHA)**. The TBHA addresses foundational elements, priorities, and strategies. You should review the National Tribal Behavioral Health Agenda, and where appropriate, reflect on its implications while developing your application.

All activities proposed in your application and budget narrative must align with the current Executive Orders (EOs) and SAMHSA Strategic Priorities. In addition, the application and budget narrative must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction. If an application does not align, the application will not receive funding.

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, whether or not their salaries are paid by this grant, must play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

- Key Personnel are the Project Director (PD); Associate Project Director(s); Director of Communications; Director of Standards, Training, and Practices; Director of Network Engagement; Director of Operations; Director of Quality Improvement; Director of Research & Evaluation; Director of Finance; Director of Data Management; and Director of Technology (or the equivalent positions).

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:

- All Key Personnel are responsible for oversight of their workstreams and required activities noted in the sections below and must be 100 percent Level of Effort (LOE). The recipient must establish regular processes for Key Personnel to coordinate their workstreams internally and work with the SAMHSA Government Project Officer (GPO) to develop a structure for ongoing engagement with SAMHSA leads in their respective work areas to optimize coordination, communication, and efficiency of 988 program needs and outcomes.

- Key Personnel positions and LOE may be added, modified, or removed as required by SAMHSA. Staffing lists/organizational charts must be submitted to GPO quarterly. All proposed personnel will be reviewed and approved through SAMHSA and must demonstrate educational and professional experience commensurate with position requirements.
- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographic characteristics (like race or sex) to give preference in hiring.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
    - Replacing or removing Key Personnel, or
    - Reducing any Key Personnel’s level of effort by 25 percent or more

Required Activities

Funds must be primarily used to support 988 Lifeline capacity and align with the requirements below:

Operations

- Implement, maintain, and strengthen the core functions of the 988 Lifeline, including network and telephony infrastructure, workforce management, data tracking, real-time monitoring, implementing standards, and quality assurance. This will include continuous 24/7 operations of the phone, text, and chat networks and subnetworks (references to subnetworks throughout this document include videophone, Spanish language, and backup phone/chat/text unless otherwise described). You must achieve a 90 percent or higher response rate for all 988 services, including local, subnetwork and backup network services.
- Conduct ongoing analysis of operating systems and work continuously to improve response rates and operations.
- Provide SAMHSA with a report at least twice daily of national operational metrics.

- Ensure continuation and improvement of contracted services, including the national backup networks, Spanish language services, and 988 Lifeline Videophone for individuals who are deaf or hard of hearing.
- Maintain call access to language services for those speaking languages other than English.
- Collaborate with the Department of Veterans Affairs (VA) to establish, maintain, and enhance interoperability with VA infrastructure and operations to: 1) ensure the needs of veterans, service members, and their families who contact the 988 Lifeline, including those transferred to the Veterans Crisis Line (VCL) by pressing "option 1", are met; (2) maintain and implement policies and procedures to transfer callers requesting connection to the VCL; and (3) minimize non-veteran or non-service member contacts to the VCL, as appropriate, and connect those contacts to the 988 Lifeline through phone, text, or chat.
- Establish and maintain a real-time operations center with predictive analytic capabilities and automated alerting for capacity thresholds and service degradation. Ensure that operations and technical teams use this data and other information 24/7 to improve 988 service and avoid disruptions of operations.
- Use a prioritized queue for help-seekers who report suicidality on pre-chat and pre-text surveys.
- As directed, set Key Performance Indicators (KPIs) and benchmarks to ensure rapid response to chats and text, including performance of the prioritized queue.
- Ensure policies and procedures are in place to prevent disruptions and ensure distinct policies and procedures are in place to be followed during any disruption of operations. This shall include procedures to provide information about disruptions as soon as possible without negatively impacting lifeline operations to key stakeholders including SAMHSA, VA, and involved crisis contact centers.
- Build and maintain the capacity to track missed contacts during any disruption in service, and provide timely follow up service to any missed contacts for all modalities in the event of disruptions.
- Work to resolve disruptions as quickly as possible, and conduct comprehensive reviews following any disruption, identifying clinical, technological, and operational implications and solutions to avoid future disruptions.
- Provide SAMHSA with a final report that details the disruption as well as implications and solutions following the resolution of any disruption.
- Ensure policies and procedures are in place to respond to sudden, large increases in volume (known as a surge) so that the 988 Lifeline Network can answer calls, chats, and texts and continue to meet expected key performance benchmarks. Surges may happen for many reasons including during marketing activities and after a disaster, traumatic event, or high-profile suicide.
- Continually engage with and provide technical assistance to state, Tribal, and territorial 988 leads and crisis contact centers to implement and expand local call, chat, and text

response capabilities. This shall include support for centralized state platforms, adhering to any required state or territorial timelines.

- Support states and territories to meet and maintain their KPIs of 90 percent or higher in-state/territory answer rates for calls, texts, and chats. Identify states and territories with response rates below 90 percent and conduct outreach and support activities to these states and territories and involved crisis contact centers to improve response rates.
- As directed by SAMHSA, work with states, territories, and Tribes to analyze and implement connections to locally funded, specialized subnetwork services.
- Collaborate with SAMHSA, 988 crisis contact centers, states, territories, and Tribes to develop and maintain enhanced tools to improve forecasting accuracy and predict and meet ongoing demands.
- Develop and maintain a process to respond to individuals who write to the White House or other federal partners indicating the potential for suicidal behavior or imminent risk of harm. Continually track this process and provide regular reporting to SAMHSA on outcomes and trends.
- Work with SAMHSA and state and territorial 988 leads to develop and maintain 988 crisis contact center capacity in each state and territory.
- Work with Tribes and Tribal organizations to establish 988 services and improve 988 connections and communication as needed or requested.
- Maintain a directory of crisis contact centers, tracking their services and roles within the 988 Lifeline Network, including participation in national backup networks, to promote collaboration and service connection.
- As approved and directed by SAMHSA, propose and support the development of a tiered model to enable delegation of select 988 Lifeline Administrator functions and requirements to states and territories. This tiered model shall enable states and territories to adopt and maintain primary accountability for selected functions based on individual state and territory needs, resources and preferences for crisis center service delivery, training, quality and outcome management. This tiered model must enable local coordination while maintaining connection to national backup systems. Within this tiered model, regardless of delegated functions, states and territories must meet and continually demonstrate adherence to federally established minimum service standards, including the 988 Network Administrator’s Crisis Center Network Agreement.

Technology

- Develop, manage, expand, maintain, and continuously improve 988 Lifeline Network, infrastructure, training, communications, and security systems, technologies, and licenses, as needed. Ensure continuous 24/7 operations, with real-time monitoring and reporting of all service data, connections, system performance, technical disruptions, and security issues. This task includes all 988 Lifeline infrastructure, and support for the network of 988 crisis contact centers across all services modalities including, but not limited to, all phone, chat, text, and subnetwork-based services.

- Maintain and continuously improve a 988 Customer Relationship Management (CRM) software system that supports phone, chat, text, and subnetwork services and make the CRM system available to crisis contact centers. The CRM system must effectively support states, territories, and crisis contact centers and be able to integrate into different state, territorial, and crisis contact center systems. This CRM system shall be reviewed and approved by SAMHSA prior to development, launch or update. The CRM system implementation plan must seamlessly transition from any prior systems and ensure help-seekers are not negatively impacted by any transition. The implementation plan must also address how any changes in the CRM will not negatively impact ongoing data collection and evaluation efforts.
- Work with 988 state and territorial leads and 988 crisis contact centers to ensure secure and stable technical connection across the network, either through adoption of a 988 CRM system or connection and interoperability with state, territory, and crisis contact center centralized platforms.
- For states, territories, and Tribes using external centralized platforms, develop and publish a technical integration guide for states, territories or Tribes on how to readily connect with and utilize 988 Lifeline Administrator services.
- Support network licensing costs and additional functionality such as enhanced routing, workforce management solutions, reporting, and security services.
- As directed by SAMHSA, support integration with other lines of crisis and emergency intervention services within the state or territory, where appropriate.
- All 988 systems must consistently support:
    - Clinical contact record and operational data collection
    - Routing transparency
    - Backup coordination
    - Real-time data visibility where feasible
    - Privacy and security as outlined in Lifeline policy
    - Full-network 988 service connection, quality, and response
- Maximize, as appropriate and with consideration for speed to response, opportunities for response at local crisis contact centers for all 988 services to allow local crisis contact centers within states and territories to be able to respond locally before routing to the national backup centers.
- When backup routing is necessary, prioritize use of in-state backup crisis contact centers but maintain connection to all backup services after the appropriate in-state routing timeframes have expired.
- Maintain security posture of the 988 Lifeline Network to ensure at least 99.9 percent uptime.
- Mitigate and remediate security risks and vulnerabilities by:
    - Developing and documenting a comprehensive incident management framework that covers all security incident categories, including escalation paths, response protocols, and reporting requirements for each

- Continuous monitoring and automation of solutions to manage system vulnerabilities
- Providing cybersecurity support to states, territories, and 988 crisis contact centers including templates, trainings, monitoring, and shared tools
- Developing a comprehensive disaster recovery plan that includes all system components and network partners and ensure all critical systems have automated failover procedures for 988 care continuity
- Conducting an annual business continuity analysis to identify and address other opportunities to improve incident management structure, identification, response and reporting
- Timely reporting of all security and stability incidents to SAMHSA

- As directed by an operational and technical outage SOP provided post-award, report critical incidents to SAMHSA, including network failures and disruptions, abnormal reductions in response rates, and cyber-attacks that impact operations.
- One week following any reported critical incident, provide a full review per operational and technical outage SOP and remediation strategy to SAMHSA to prevent similar incidents in the future.
- Develop an integrated strategic roadmap that links organizational objectives with enabling technologies, cybersecurity posture, and architectural standards, ensuring alignment across functions.
- Establish a governance process for architecture documentation, including ownership, update schedules, and quality standards.
- Maintain a complete network topology that includes bandwidth capacity, all redundancies across services systems (phone, chat, text, videophone), and failover procedures.
- Develop a system to collect and track cybersecurity vulnerability and incident reporting for all technology infrastructure implemented by the 988 Lifeline Administrator and design and implement a process for all crisis contact centers to collect and report the cybersecurity vulnerabilities and incidents to the 988 Lifeline Administrator.
- Designate appropriate resources to successfully implement the collection and reporting process for cybersecurity vulnerabilities and incidents to meet all applicable requirements from SAMHSA-provided operational and technical outage SOP post-award and within H.R.2483- Support for Patients and Communities Reauthorization Act of 2025: Section 108. Protecting suicide prevention lifeline from cybersecurity incidents**.**
- Define minimum cybersecurity requirements and standards for crisis contact center hardware and software.
- Work with SAMHSA to develop reporting criteria for cybersecurity vulnerabilities including incidents thresholds and standards.
- As reviewed and approved by SAMHSA, define reasonable cybersecurity vulnerabilities and incidents reporting timeframes for both systems you oversee as well as for crisis

contact centers. Reports will be submitted to SAMHSA on an agreed to regular interval and ad hoc basis.

- Maintain a process to provide secure onboarding and offboarding of crisis contact center workforce or partners that need access to 988 network administration systems.
- Conduct routine review and testing to ensure accuracy of service connection and minimize vulnerability of inappropriate or delays in access.
- As directed by SAMHSA, conduct usability testing to improve the user experience and to inform content, information architecture, design, functionality, and accessibility with respect to 988 services and products.
- As directed by SAMHSA, support and expand georouting to improve access to local care through all services in line with FCC orders. This includes working with all carriers and service providers to transition from area code routing for calls and texts as well as exploring opportunities for other 988 services as feasible and appropriate.
- As directed by SAMHSA, implement and revise pre- and post-contact surveys for data collection, evaluation, and improved services.
- As directed by SAMHSA, explore innovative uses of technology to expand access and quality of care. All artificial intelligence use must be approved by SAMHSA.
- Manage the multiple SAMHSA toll-free telephone numbers through the end of the cooperative agreement period and relinquish control of the telephone numbers to SAMHSA or, if required, to another organization.
- Manage any transferred or developed 988 Lifeline websites, products, service platforms, training and resource platforms, and social media sites through the end of the cooperative agreement period. All systems developed or operated with federal funds must be structured to allow transfer of ownership or operational control to SAMHSA or its designee without licensing restrictions or intellectual property conflicts including but not limited to the following: any platforms, products, systems, domains, and social media sites.

Data, Research and Evaluation

Data Management

- Maintain a 988 Data System that captures historical and current 988 data. The 988 Data System shall support data sharing with SAMHSA and other entities as directed by SAMHSA and provide data to support SAMHSA program administration including SAMHSA and U.S. Department of Health and Human Services (HHS) evaluation efforts.
- The 988 Data System and data sharing from this system shall adhere to all federal and state data and privacy laws and regulations. Any identified conflicts between federal and state law must be presented to SAMHSA for further review.
- As reviewed and approved by SAMHSA, the 988 Data System, at a minimum, should include all national, state and crisis contact center operational data. The 988 Data System must also include and enable sharing of data related to service disposition,

emergency dispatch/law enforcement engagement, demographic information, referral utilization, imminent risk status, suicide attempts in progress, and engagement in treatment.

- The 988 Data System shall store and support sharing of data from other required data sets including but not limited to:
    - Survey data
    - Communications and marketing analytics
    - Records of technical disruptions and system functioning
    - Quality improvement data
    - Crisis Contact Center Training, through learning management systems
    - Complaints and customer feedback
    - Performance data
- Establish data standards and implement standard contact fields for 988 services through the CRM and work to align standards between developed CRM and crisis contact centers with independent CRM systems.
- Support the use of common data elements and standards, including data definitions and data sharing and interoperability standards, across national 988 administration, state and territorial, and crisis contact center data systems.
- Develop a written Data Management Plan that includes how the 988 Data System will collect, store, manage, validate, and transfer data This plan shall detail levels of data access and row-level security for the different entities accessing the data, data suppression thresholds, and procedures and policies for access to aggregate and deidentified data.
- Develop a data loss prevention solution to monitor and protect all 988 data within the Administrator's systems.
- In collaboration with SAMHSA and identified partners (i.e. SAMHSA technical assistance providers and contractors), maximize data accuracy and completeness for data sharing.
- As directed by SAMHSA, share data with states, territories, Tribes, and 988 crisis contact centers across all 988 services in a manner that protects personal privacy.
- Manage, enhance, and modernize the 988 Lifeline's data reporting systems. Streamline crisis contact center reporting to minimize burden and align with center/state requirements. Develop a process to capture and improve state, territorial, and crisis contact center reporting challenges and burden levels and use this information to improve reporting systems.
- Maintain and/or create automated data dashboards that enable real-time analysis and review of crisis contact center operational and quality metrics and promote data transparency, in consultation with SAMHSA, 988 state and territorial leads, and 988 crisis contact centers. This should include internal network dashboards for SAMHSA, states and territories, and crisis contact centers and a public facing dashboard that addresses national network performance.
- Organize a data governance council and community of practice, both of which will include representation from states, territories and Tribes, crisis contact centers,

SAMHSA, and other federal partners. Collaborate with SAMHSA to determine membership size and meeting frequency.

- The data governance council will provide input in consultation on:
    - policies and procedural guidance around data sharing
    - optimizing data quality and streamlining data variance resolution procedures
    - review of appropriateness of current KPIs and targets, as well as the incorporation of new KPIs
- The community of practice will:
    - address local implementation challenges
    - provide peer to peer learning on practice success
    - provide a feedback loop from states/territories and 988 crisis contact centers on data challenges and needs at the local level

Research and Evaluation

- Maintain an up-to-date literature review drawing on available peer-reviewed literature, government reports, and other reports from credible sources that identifies findings and best practices related to clinical service models, training and workforce development, and operations and infrastructure relevant to the 988 Lifeline.
- On a bi-annual basis, share this literature review with SAMHSA along with a summary of findings and strategies for consideration that could improve the effectiveness and operations of the 988 Lifeline.
- Ensure that the staffing supported under this cooperative agreement has the capacity to analyze and interpret Lifeline data and relevant research findings to inform ongoing operations and improvements to the 988 Lifeline.
- Develop a methodology for post-contact surveys and implement it in consultation with SAMHSA. Areas for inclusion should be contact access points, such as phone, chat, text, videophone, website, social media, etc.
- In consultation with SAMHSA, implement a process for responding to requests for support of external research using 988 data, including SAMHSA approval.
- Obtain prior written approval from SAMHSA for any program evaluation projects undertaken by the Lifeline Administrator involving 988 data or operations that fall outside of activities required for ongoing quality assurance/improvement, fidelity monitoring, or participation in SAMHSA's cross-site evaluation.
- Undergo Institutional Review Board review for all applicable program evaluation in accordance with all HHS policies.

Clinical Standards, Training, and Practices/Quality Assurance and Improvement

Standards, Training and Practices

- Maintain standards for routine crisis contact center follow-up and enhanced services for suicidal contacts, as well as for contacts identified at elevated overdose risk. These standards and any modifications to them must be submitted to SAMHSA for approval.
- In coordination with SAMHSA, develop, disseminate, support adoption of, and monitor compliance with network standards for crisis contact center follow-up and enhanced services for suicidal contacts and contacts identified to be at elevated overdose risk. As part of follow-up and care continuity efforts, support crisis contact center connection with ongoing mental health and substance use disorder treatment and services when indicated, including connections with Certified Community Behavioral Health Clinics. Crisis contact center follow-up contacts should include anyone who expressed suicidal ideation or thoughts of self-harm or experienced an overdose event whether or not suicidal in intent.
- Maintain a suicide and overdose risk assessment framework and definition of imminent risk. This framework and definition and any modifications to them must be submitted to SAMHSA for approval.
- Collaborate with all network crisis contact centers on a routine basis to ensure they have updated policies and procedures for the training and supervising of counselors in 988 service areas, including but not limited to caller engagement, lethality assessment (toward self and/or others), intervention, care navigation, follow up, safety planning and linkage to appropriate services. These policies and procedures must be routinely evaluated based on emerging evidence and/or subject matter expert opinion/s.
- Develop and oversee a core set of crisis contact center trainings for the network and expected competencies for all Lifeline counselors which complement local trainings; develop and oversee a process to approve crisis contact center or state-based training equivalencies.
- Develop and implement effective training on assessing substance misuse, substance use disorders and risk of overdose for individuals in crisis contacting 988. This includes developing the necessary structures for training staff on effective approaches to addressing and referring substance use crisis-related contacts that are based on a recovery-oriented process. Develop protocols for connections to substance use treatment providers and pathways for connecting help-seekers in substance use crisis to appropriate care or demonstrate that those connections currently exist within the crisis contact center/organization. Work with national substance use partner organizations identified in consultation with SAMHSA to educate crisis contact centers and inform practices throughout the grant cycle.
- Develop and maintain policies, procedures, training, and technical assistance availability for 988 crisis contact centers to manage abusive contacts (e.g., harassing, sexually motivated, verbally aggressive, inappropriate or threatening behaviors). Engage with SAMHSA and other federal agencies, in consultation with SAMHSA, to define, develop policies, and implement actions to protect 988 staff and users.

- Develop and maintain policies, procedures, training and technical assistance availability for 988 crisis contact centers to support individuals who contact 988 frequently (frequent contacts). Encourage collaboration with local crisis response and service systems to address frequent contact's needs.
- Maintain an online resource library and learning management system that contains training tools, technical assistance materials, and other information relevant to expanding and improving the 988 Lifeline Network. This library shall include materials developed by the 988 Administrator as well as links to tools from other credible sources unless they are behind a paywall.
- Develop and expand technical assistance materials, training tools and other materials, including coaching tools, templates, case studies, and simulations to support states and territories and 988 crisis contact centers.
- Conduct training activities, including peer learning activities and webinars to support states and territories and 988 crisis contact centers.
- Provide training and technical assistance to ensure all 988 contact centers have access to local behavioral health resources. This includes setting minimum expectations for centers to catalogue, update, and disseminate information on local resources across the Lifeline network.

Quality Assurance/Quality Improvement

- In coordination with SAMHSA, develop and maintain a complaint and customer feedback procedure for addressing concerns raised by individuals contacting the 988 Lifeline through all platforms. Use the resulting information to improve service and training policies and procedures, as appropriate.
- Provide SAMHSA with a summary of all complaints and customer feedback received every six months.
- Implement a data-driven continuous quality improvement process to ensure the provision of high-quality 988 Lifeline support. This process should include incorporation of feedback from data collection and analysis of complaint/compliment data, performance monitoring data, survey data, interaction and service data across all networks and subnetworks, into policies, procedures, and training, where appropriate.
- Develop, integrate and oversee a process to approve crisis contact center or state-based quality review equivalencies that meet or exceed minimum national standards set by SAMHSA and the 988 Lifeline Administrator and provide automated submission process for center/state quality data to minimize duplicate data entries.
- Develop and maintain a procedure for receiving and reviewing sentinel events (unexpected death, serious physical injury, mass violence, or risk thereof), including suicide attempts and deaths for help seekers who had contact with 988. The procedure should include initial reporting, active comprehensive review, and a root cause analysis which should include the following: identification of contributing factors, system

improvement opportunities, and communication of outcomes to key stakeholders where appropriate. This procedure should include collecting information from autopsy records following suicide loss as soon as they are legally available.

- Develop and continuously improve an interaction monitoring (active and/or passive contact review for each service) process for 988 subnetworks, as well as a process for collecting and reporting interaction monitoring scores across the 988 Lifeline Network, offering tailored technical assistance to 988 state/territory leads and 988 crisis contact centers, as needed. Ensure processes minimize duplication and burden for crisis contact centers.
- Promote opportunities to leverage technology, including through the use of artificial intelligence, to scale quality assurance reviews for both the 988 Lifeline Administrator and crisis contact centers.
- Demonstrate how all required crisis center reporting and technical information collected improves 988 service quality, including information from complaints and sentinel event reviews).

Network Engagement

- Oversee a team of Network Engagement Managers (NEMs) or equivalent whose role is to provide technical assistance to 988 state/territory leads, 988 crisis contact centers, and Tribes and coordinate actions with respective 988 Network Administrator team leads (tech, operational, quality, standard/training, communications, etc.). Through required engagement on SAMHSA 988 GPO grant contacts and communications, NEMs will align activities and support federal objectives. The NEM is responsible for ensuring coordination across the 988 Lifeline Administrator and each of these. Resources and support should be tailored to accommodate varying capacity and maturity levels across the 988 Lifeline Network.
- Establish and maintain a structured feedback loop process for receiving information/requests from key partners, reviewing, and transparently integrating feedback into decision-making, where appropriate.
- To enhance the adoption and integration of network-wide initiatives, establish and maintain a change management process that includes stakeholder engagement, training and support, risk management, and monitoring and evaluation, where possible, to ensure states/territories/Tribes, 988 crisis contact centers, and GPO are informed, can actively communicate recommendations, and information is utilized to meet individual and 988 system needs.
- Maintain 988 network agreements with 988 crisis contact centers that align with SAMHSA's Saving Lives in America Plan and active network agreement policies and procedures as provided by SAMHSA post-award. Areas in the Saving Lives in America Plan include but are not limited to quality improvement, follow-up, training, evaluation, data collection, technology, operations, and communications. Monitor and support compliance to 988 network agreement requirements, proactively engaging 988

state/territory leads and 988 crisis contact centers around proposed changes and providing technical assistance where appropriate.

Communications

- Develop, maintain, propose improvements to the 988lifeline.org website and digital communications products. This work shall align with the 21st Century Integrated Digital Experience Act and other applicable federal laws and regulations.
- Use website customer experience feedback and metrics, search engine and artificial intelligence optimization, accessibility, and content quality tools and expertise in website management to continually improve the 988lifeline.org website.
- Develop, implement, and annually update a social media strategic plan of 988 Lifeline platforms. This should include measurable goals, platform assessment, landscape analysis, content strategy, a plan for measuring and analyzing results including benchmarks, and an optimization and monitoring plan.
- Conduct an annual evaluation with recommendations of 988 Lifeline social media and tie it to strategic plan goals and measurements. Create and post content, maintain, monitor, and engage using both moderation and engagement best practices on all social media platforms relevant to high-risk and other audiences. Coordinate social media activity in advance on a monthly basis with SAMHSA's Office of Communications for cross-promotion and awareness.
- Notify and coordinate with SAMHSA all incoming media requests prior to participation and activities that could generate media interest.
- Coordinate with SAMHSA in advance on all marketing activities related to 988 for awareness. Manage and facilitate timely, ongoing communication with 988 Lifeline Network crisis contact centers and 988 state/territory leads. Coordinate with 988 crisis contact centers about their media activities and ensure that messaging is aligned and coordinated with SAMHSA.

Finance

- The Lifeline Administrator's financial tracking system must include, at a minimum, the following:
  - accurate financial records
  - budget vs. actuals
  - correct allocation of costs
  - monthly reporting
  - a robust internal review process for ensuring accuracy

- The financial system must also track differences/discrepancies from federal drawdown systems and grantee payments to ensure up-to-date reports and projections of system needs vs. expenditures.
- You must report expenditure outcomes analysis by authorized budget and tasks/deliverables at least monthly to the SAMHSA GPO and Grants Management

Specialist, detailing expenditure outcomes and linking them to the authorized budget and specific tasks/deliverables.

Eligibility

Eligible Applicants

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

- 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
- Public or private institutions of higher education, and
- Public or private non-profit organizations

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

As part of key personnel requirements, SAMHSA will evaluate, approve, or deny submission of key personnel based on their professional qualifications and subject matter expertise aligning with grant requirements.

For general information on eligibility for federal awards, see the Grants.gov website. For specific eligibility questions, see Agency Contacts.

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in **Section D** of your Project Narrative.

You must also report program-specific data in SPARS on a quarterly basis. Data collection and reporting tool and related guidance will be provided post-award.

You can visit SAMHSA's Performance Measures webpage to view the performance measurement tools. Training and technical assistance on SPARS data collection and reporting will be provided after award.

You must upload specified indicators within thirty (30) days into the Agency's designated performance data management system. You will be provided with information on how to access this system and related guidance post-award. Training and technical assistance on data collection and reporting using the designated system will be provided after award.

Award recipients will be expected to collect and report data on OMB-approved indicators. Examples of indicators used for this program in the past are:

a. The number of 988 crisis contact center staff trained in mental health-related practices and activities (e.g., the number of people in the mental health and related workforce trained in mental health-related practices or activities consistent with the goals of the grant)
b. The number of help seekers accessing the services of the 988 Lifeline and Veterans Crisis Line (e.g., the number of individuals screened for suicide ideation as a result of the grant)
c. The number of individuals exposed to 988 Lifeline awareness messages (e.g., the number of individuals exposed to mental health awareness messages)
d. The number of individuals who received follow-up contact to assess status following a call made regarding suicidal ideation or thoughts of self-harm (e.g., the number of individuals contacted through program outreach efforts)
e. The number of help seekers referred to mental –health-related services (e.g., the number of individuals referred to mental -health or related services)
f. The number of individuals who died by suicide who contacted 988
g. The number of individuals who attempted suicide who contacted 988

The final OMB-approved indicators to report on will be provided by SAMHSA program staff post- award.

The recipient will also be expected to collect and report data to SAMHSA on the following performance measures for all call, text, and chat services, including subnetworks. Additional performance measures may be required, or these may be modified throughout the grant as needed:

Workstream	**Key Performance Indicator (KPI)**
Operations	Daily and hourly call, text, and chat volume
	State/territory from which call, text, and chat was received
	In-state/territory answer rates
	Crisis contact centers to which calls were routed
	Wait times for calls, texts, chats (i.e., average speed to answer)
	Number of connected calls, texts, chats
	Number of dropped calls, texts, chats (i.e., abandonment rates)

	Average duration of calls, texts, chats
	Number of unique callers, texters, chatters
	The number of new crisis contact centers joining the network, including through call and text/chat services and subnetworks
Quality Improvement/Clinical	Number of individuals who died by suicide after contacting 988
	Number of callers, texters, chatters who were thinking of suicide
	Number of callers, texters, chatters assessed to be at imminent risk for suicide
	Suicide attempts in progress
	Number of times when emergency service dispatch procedures were initiated
	Number and proportion of callers, texters, chatters who felt the 988 Lifeline contact played a role in keeping them safe from suicide
	Number of individuals referred by the White House or other federal partners due to behavioral health crisis risk who were subsequently contacted
Technology	Connectivity performance of each networked crisis contact center

Other data sets, KPIs, or reports may be required based on SAMHSA direction. SAMHSA will work to define expected targets for KPI indicators as identified above. All data should be in a historical repository for cross-site evaluation and SAMHSA oversight, evaluation and record keeping purposes.

The data collection tools must adhere to 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.

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. Evaluations are conducted to build an evidence base for the program. 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.

A cross-site evaluation, conducted to build an evidence base, will be required for this program. SAMHSA will share details with you post-award, including the type of evaluation and evaluation questions. You may need to collect additional client-level and program-level data and involve any subrecipients. For more information, see FAQs.

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**.

Cooperative Agreement Requirements

This award is being made as a cooperative agreement because the project requires substantial oversight from federal staff during the post-award period. Under this cooperative agreement, the roles and responsibilities of your organization and SAMHSA staff are below.

Your organization must:

- Comply with all terms and conditions of this cooperative agreement.
- Work with SAMHSA to implement and monitor the project.
- Submit performance measures data via the Agency's designated performance data management system.
- Submit all required performance assessments, evaluations, financial reports, data sets, and continuation award applications.
- Obtain SAMHSA approval of call, chat, text, and subnetwork networking systems prior to implementation or modification and incorporate SAMHSA-directed changes.
- Consult with SAMHSA on all areas identified in the **Required Activities** section.
- Obtain approval from SAMHSA for all areas identified in the **Required Activities** section.
- Provide SAMHSA with all information and reporting identified in the **Required Activities** section.
- Consult with SAMHSA and obtain approval for any additional activities intended to improve program outcomes, systems, or services beyond the required deliverables.
- Seek and incorporate guidance from SAMHSA to support performance of activities to meet award goals and objectives.
- Respond promptly to requests for information from SAMHSA.
- Participate in regular calls with GPO and key SAMHSA staff regarding grant progress and challenges across all workstreams as directed by SAMHSA.
- Attend and actively participate in two in-person site visits per year.

- Coordinate with SAMHSA's Suicide Prevention Branch to rapidly follow up on letters or e-mails to the White House, other federal officials or contacts deemed necessary by SAMHSA that communicate suicide risk or emotional distress.
- Coordinate with the GPO to request and receive prior clearance for any products, evaluations, publications, broad communications, collaborations/partnerships, presentations, or media engagements.
- Coordinate with 988 SAMHSA Communications on the development of all public education information and marketing, including messaging and communications related to behavioral health.

<u>SAMHSA staff roles</u>:

Your **Government Project Officer (GPO)** is responsible for monitoring and overseeing the program, providing technical assistance, and conducting site visits. Your GPO will work with you on implementing program and evaluation activities, making recommendations about program progress and performance, addressing challenges, program continuance, and other related programmatic activities.

SAMHSA staff will:

- Schedule frequent and routine conference calls across all workstreams.
- Coordinate with SAMHSA workstream leads to monitor progress on shared goals and deliverables.
- Provide consultation technical assistance and facilitate clearance processes as needed.
- Oversee the publication of project results and the packaging and dissemination of products and materials to make findings available to the field.
- Review or approve each stage of a project before work may begin on subsequent stages.
- Review, provide input, and approve 988 Lifeline Legal Policies to include but not limited to Privacy, Confidentiality, Terms of Service, Memoranda's of Understandings, Data Sharing Agreements, Network Agreement, etc.
- Assist in developing a selection process for sub-awards and review and approve sub-recipient contracts and awards.
- Participate on committees that guide long-term projects, activities, or grant outcomes.
- Recommend outside consultants for training, evaluation, and data collection.
- Maintain overall responsibility for monitoring the implementation and progress of the 988 Lifeline call, chat, videophone, and text network systems.
- Review proposed networking system and request modifications as necessary that are appropriate and consistent with SAMHSA priorities.
- Provide guidance on recruitment of new crisis contact centers in the network to SAMHSA and states, as directed by SAMHSA, to ensure, to the extent possible, that at least one crisis contact center per state and/or territory is participating. In addition, work with grantees to ensure states and/or territories have at minimum a 90 percent answer rate across calls, chats, and texts.

- Approve data collection plans and establish policies regarding data collection.
- Coordinate with 988 Lifeline staff to rapidly follow up on letters or emails to the White House, other federal officials or requested contacts that communicate suicide risk or emotional distress.
- Participate in required grantee calls between SAMHSA and key 988 Lifeline staff.

Your **Grants Management Specialist (GMS)** within SAMHSA's Office of Financial Resources is responsible for ensuring that your project complies with all applicable federal laws, regulations, guidelines, and the terms and conditions of award. Your SAMHSA GMS will frequently participate with your SAMHSA GPO on monthly monitoring calls.

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider **SAMHSA's Strategic Priorities**, which includes recovery, a commitment to innovation, data, gold-standard science, 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 I*** in the *Application Guide* that you must consider as you design your project.

Recipient Meetings and Technical Assistance

You are expected to participate in SAMHSA technical assistance activities as directed by SAMHSA.

We expect your attendance at two in-person meetings per year at your organization's headquarters or as directed by SAMHSA. Please limit participation to a maximum of 15 people, including the Key Personnel (unless otherwise approved by SAMHSA) for these meetings.

A detailed budget and budget narrative for in-person travel costs must be included in the application budget. For budgeting purposes, these meetings are usually held for up to two days.

Budget revisions will be considered if SAMHSA elects to hold virtual site visit meetings.

Funding Restrictions and Limitation

The following are funding restrictions for this project:

- Food is an unallowable expense.
- Capitalizable infrastructure, such as computer systems or software, is 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.

- 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).
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
  - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
  - Denial by the recipient of the sex binary in humans or the notion that sex is a chosen or mutable characteristic.
  - Illegal immigration; or
  - Any other initiatives that compromise public safety or promote anti-American values.
- Discretionary awards must not support harm reduction as outlined in **SAMHSA's Dear Colleague Letter** on harm reduction.
- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

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

All activities proposed in your application and budget narrative must align with the current Executive Orders, SAMHSA Strategic Priorities, and where applicable, demonstrably advance the President's policy priorities. If an application does not align, the application will not receive funding.

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. 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.

- You must agree to the **financial assistance general certifications and representations** specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI.).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

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 six 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 **Search Grants at Grants.gov** or eRA ASSIST and search for opportunity number: FG-26-001

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

Step 3: Build Your Application

Application Checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
☐ Project abstract	Project Abstract Summary Form	1 page
☐ Project narrative	Project Narrative Attachment Form	30 pages
☐ Budget narrative	Budget Narrative Attachment Form	None

Attachments

Insert each in the Other Attachments form (Grants.gov) or Other Narratives Attachment form (eRA ASSIST) in this order.

Component	Page limit
☐ 1. Letters of commitment, if applicable	None
☐ 2. Data collection instruments and interview protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	6 pages
☐ 5. Biographical sketches and position descriptions	None
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the Single Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Project/Performance Site Location(s)	None
☐ Grants.gov Lobbying Form	None

Application Contents and Format

This section includes guidance on each item found in the application checklist. The following links contain information on

- formatting instructions and information on system validation requirements and
- **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 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 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: 30 pages

Filename: Project narrative

When developing your project narrative:

- Provide a detailed response to the merit review criteria**.**
- Follow the required formatting instructions**.**
- Stay within the page limit.
    - We will not review your application if it exceeds the page limit. 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 30-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:

- whether the costs are reasonable and consistent with your project's purpose and activities, and
- the restrictions on spending funds. (See funding limitations.)

To create your budget narrative, see detailed instructions and a template 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: Letter(s) 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 and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol. If the data collection instrument or interview protocol is not standardized, include a copy in **Attachment 2**.

Attachment 3: Sample Consent Forms

Include, as appropriate, informed consent forms for the collection of data.

Attachment 4: Project Timeline

Page limit**:** 6 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

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

Attachment 8: Documentation of Non-Profit Status

All private nonprofit organizations must submit proof of nonprofit status. Any of the following is acceptable evidence of nonprofit status:

- A reference to the applicant organization's IRS tax-exempt status 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 state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization confirming the applicant organization is a local non-profit affiliate.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

If you have a NICRA, 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

- **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 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization's 12-character EIN and suffix as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization's EIN.
  - In **Line 8f**, enter the name and contact information of the PD identified in the budget and listed in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date), enter: a. Start Date: 5/15/2026; b. End Date: 5/15/2031.
  - 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 **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 5 years total, enter the requested budget amount for each of those budget period 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 F* 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:

- IIs from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Exceeds the 30-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 30 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) 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 (10 points – approximately 2 pages)

1. Identify and describe how the project will be implemented across the U.S., including all states, Tribes and U.S. territories. Describe the population(s) that will be impacted by the activities undertaken under the cooperative agreement and by the broader 988 system.

2. Provide a demographic profile of the population(s) of focus across the United States (e.g., veteran status, lived experience of behavioral health, federally recognized tribe, language, sex, age, and socioeconomic status or other relevant characteristics). Note: racial preferences or other forms of racial discrimination by the recipient are not allowed.

3. Describe the capacity ability of your organization to implement, sustain, and improve effective suicide prevention, crisis intervention, mental health, substance use, and trauma-related services provided by the 988 Lifeline for all populations, including high risk populations. If your organization needs to implement capacity increases, describe the organizational need. Include information on the service, educational, and experience gaps and other problems related to the need for capacity building. Identify any sources of 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 and will not count towards the page limit.)

B: Proposed implementation approach (55 points - approximately 20 pages)

1. Describe the goals and measurable objectives of your proposed project. See Developing Goals and Measurable Objectives. They must align with the Statement of Need in A.3.

2. Describe how you will implement all the required activities in Step 1.

3. Describe how your proposed implementation approach will address SAMHSA Strategic Priorities.

4. In Attachment 4, provide no more than a six-page chart or graph depicting a realistic timeline for the entire five years of the program. It must include dates, key activities that must also include 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: Organizational experience and staffing (20 points - approximately 4 pages)

1. Describe your organization's experience with 1) similar projects and/or providing services to the population(s) of focus identified above in section A; and 2) supporting, coordinating and providing services to high-risk 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 organization(s).

3. Describe how you will manage the project and effectively work with SAMHSA, states, Tribes, crisis contact centers and key partners to successfully implement grant requirements and activities. Include details on how you will support engagement and review needs with SAMHSA to ensure effective, collaborative and coordinated implementation.

4. Provide a complete list of all significant staff positions for the project, including the Key Personnel: Project Director (PD); Associate Project Director(s); Director of Communications; Director of Standards, Training, and Practices; Director of Network Engagement; Director of Operations; Director of Quality Improvement; Director of Research & Evaluation; Director of Finance; Director of Data Management; and Director of Technology (or the equivalent positions).

   For each position, describe the:
   - Role
   - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
   - Qualifications, including their experience with similar projects, educational background and credentials, particularly populations with higher prevalence of behavioral health conditions.

5. Describe how you will coordinate work internally among the above key personnel as well as with the GPO and respective work leads at SAMHSA to optimize positive impact of the 988 service and avoid duplication, waste, or misalignment in workstreams.

D: Data collection and performance measurement (15 points – approximately 4 pages)

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 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 **2 CFR Part 200**.

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific and technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria and guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.

The program office and approving official make the final determination for funding. Decisions may be based on the following:

- When the individual award is over $250,000 approval by the Center for Mental Health Services National Advisory Council,
- availability of funds, and
- submission of any required documentation that must be submitted prior to making an award.

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

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 the 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 February 27, 2026.

- 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*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

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 J* in the **Application Guide.**

This requirement does not apply to states or American Indian and Alaska Native Tribes or Tribal organizations.

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. We incorporate this NOFO by reference. You can see SAMHSA's **standard terms and conditions** on our website.
- The regulations at **2 CFR Part 200** – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS **Grants Policy Statement** (GPS). Your NoA will reference this document. 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 H* in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies. Grant programs that fail to align with these may be subject to termination.

Reporting Requirements

If funded, you will have to follow reporting requirements. The NOA will provide specific details.

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; and
- Problems encountered and efforts to overcome them.

You must submit a final programmatic progress 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.

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see SAMHSA Reporting Requirements.