Follow the six steps in the application process:

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

NOFO Name: Assertive Community Treatment

Short Title: ACT

NOFO Number: SM-26-022

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Assertive Community Treatment

Short Title: ACT

Opportunity Number: SM-26-022

Announcement Version: Original

Federal Assistance Listing: 93.532

Eligible Applicants: Eligibility is statutorily limited to States/Territories; political subdivisions of a State, Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act); mental health system; health care facility.

See **Eligibility** for complete eligibility information.

Key Dates

Application deadline: 07/27/2026

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

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

Important Resources

You 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 **SAMHSA Grants Glossary** for definitions of terms used in this NOFO.

Authorizing Statute

Section 520M of the Public Health Services Act, (290bb–44), as amended.

Agency Contacts

Program and Eligibility Questions

Shane Grant
Center for Mental Health Services
240-276-1157
ACTMonitoringTeam@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1940
NOFOBudget.CMHS@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Eileen Smith
Eileen.Smith@samhsa.hhs.gov

Summary

The purpose of this program is to establish or expand Assertive Community Treatment (ACT) programs for transition-aged youth (age 18-25), adults, and/or older adults with a serious mental illness (SMI). ACT is an intensive, team-based, community-based service delivery model that provides comprehensive, multidisciplinary care, including 24/7 crisis response, medication management, therapy, case management, and support with housing, employment, and daily living needs. All services must be provided by one organization.

With this program, SAMHSA aims to improve behavioral and physical health outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system.

This program is designed to advance SAMHSA's Strategic Priorities and the Make America Healthy Again agenda.

Funding Details

Funding Type: Grant

Estimated Total Available Funding: $4,263,442

Estimated Number of Awards: 5

Estimated Award Amount: Up to $800,000 per year per award

Length of Project Period: Up to 5 Years

Your annual budget cannot be more than $800,000 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, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of this program is to establish or expand ACT programs for transition-aged youth (age 18-25), adults, and/or older adults with SMI. ACT is an intensive, team-based, community-based service delivery model that provides comprehensive, multidisciplinary care, including 24/7 crisis response, medication management, therapy, case management, and support with housing, employment, and daily living needs.

This program encourages you to prioritize individuals with SMI who have high service utilization, frequent psychiatric hospitalizations, justice system involvement, or who are experiencing homelessness or housing instability. Individuals with SMI who are unsheltered, residing in emergency shelters, or transitioning from institutional or congregate settings are appropriate for ACT when they meet clinical eligibility criteria.

This program aligns with **SAMHSA's Strategic Priorities** by:

- Addressing serious mental illness
- Expanding crisis intervention care and services
- Improving access to evidence-based treatment for mental illness, substance use, and co-occurring disorders

ACT is an evidence-based, community-based service delivery model designed for individuals with serious mental illness (SMI) who have significant functional impairments and difficulty engaging in traditional outpatient services. ACT is intended to reduce the rate of psychiatric crises and improve quality of life through coordinated, intensive, and person-centered support.

ACT is a comprehensive service delivery model - not solely case management. Services are delivered directly by a multidisciplinary team, typically composed of 10–12 behavioral health professionals, including clinical and rehabilitative staff. The team operates using a shared caseload approach, maintains a low staff-to-client ratio, and provides individualized, recovery-oriented services primarily in community settings, including individuals' homes, workplaces, and other natural environments.

ACT is not an office-based treatment model; team members are required to deliver the majority of services in the community. Services are available 24 hours per day, 7 days per week, and are not time-limited, ensuring continuous support necessary for successful community integration.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, 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 belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

In addition, applications must also align with SAMHSA Strategic Priorities and the application and budget narrative must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction.

As of October 1, 2025, HHS has adopted **2 CFR Part 200**, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, even if their salaries are not paid for with grant funds, 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:

- **Project Director (PD)**: The PD must be filled by one individual with 100% level of effort of a full-time equivalent (FTE) position. The PD oversees the grant to ensure goals are met, all reports are filed on time, and all rules are followed.
- **Evaluator**: The Evaluator is responsible for the overall assessment and evaluation of the project, including all required data collection, data analyses, and reporting requirements. The Evaluator must have a **minimum 50% level of effort FTE**.

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

- 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 demographics (like race or sex) to give preference in hiring.
- Key Personnel must 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% or more.

Required Activities

Funds for this program are primarily for providing services to clients. **These services must begin within four months after award.**

In the Project Narrative, you will provide the following:

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

Nothing in the required or allowable activities described below allows you to use grant funds for prohibited activities described in the **Funding Restrictions and Limitations** section of this NOFO.

Your organization is required to implement all required activities listed below:

1. **Establish or expand an ACT program for individuals with SMI**

   When: Within 4 months of award

   Establish or expand an ACT program for individuals with SMI in alignment with a recognized ACT fidelity tool (e.g., **Tool for Measurement of ACT (TMACT)**, **Dartmouth Assertive Community Treatment Scale (DACTS)**, **Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT**).

   The ACT Program must:

   - Develop written policies and procedures for program admission, discharge, and transitions to less intensive levels of care when clinically appropriate
   - Provide multidisciplinary direct, time-unlimited services, primarily in community settings (homes, workplaces), through a shared caseload approach in which the full ACT team collectively serves all clients

- Convene daily team meetings and coordinated care planning with all ACT Team members
- Provide 24/7 crisis response services
- Ensure team members provide the majority of services in the community and the staffing plan maintains a low staff-to-client ratio
- Ensure that services are flexible, intensive, and tailored to individual need
- Operate according to the chosen fidelity ACT model (e.g., **TMACT**, **DACTS**, **ACT EBP KIT**)

2. **Implement Core Services of an ACT Program**

   When: Within 4 months of award

   Implement Core ACT services that must include:

   - Comprehensive assessment and individualized recovery planning
   - Crisis assessment and intervention
   - Psychiatric evaluation and medication management
   - Illness education and symptom coping skills training
   - Housing stabilization services for individuals with SMI experiencing homelessness
   - Individual supportive therapy
   - Integrated substance use disorder treatment
   - Supported employment services
   - Side-by-side assistance with activities of daily living
   - Engagement with family members, natural supports, and community partners
   - Support services (e.g., medical care, housing, benefits, transportation, case management, medication prescription, administration, and monitoring)

3. **Establish and maintain a multidisciplinary ACT team**

   When: Within 4 months of award

   Establish and maintain a multidisciplinary ACT team that includes at a minimum:

   - Team Leader (practicing, full-time)
   - Psychiatric Prescriber (Psychiatrist, Physician Assistant, or Psychiatric APRN)
   - Nurses (RN or LPN)

- Case Managers or Social Workers
- Substance Use Disorder Specialist
- Vocational Specialist
- Peer Support Specialist
- Program Assistant

NOTE: The ACT Team must be led by your organization. Team members must be from your organization or working with your organization as a contractor.

4. **Support implementation of the ACT Program Core Services**

   When: Within 4 months of award

   Support implementation of the ACT Program Core Services with the following characteristics:

   - Daily organizational team meetings to review all clients
   - Shared caseload (no individual caseload assignments)
   - Low staff-to-client ratio consistent with the selected fidelity model
   - Time-unlimited services
   - In-person services delivered primarily in community settings
   - Coordination with physical health providers and other systems of care
   - Assistance with psychiatric and physical health medication management
   - Coordination across behavioral health and social service systems
   - 24/7 crisis response and on-call coverage

5. **Develop, Submit and Implement a Comprehensive ACT Training and Workforce Development Training Plan**

   When: Within 6 months of award

   Develop, submit, and implement a comprehensive ACT Training and Workforce Development Plan to ensure high-fidelity implementation and ongoing staff competency.

   The training plan must include:

   - Foundational ACT training for all ACT team members, agency leadership, and relevant community stakeholders to ensure a clear understanding of the ACT model, scope of services, shared caseload approach, team roles and responsibilities, recovery-oriented practices, and integration of peer support services into ACT services.

- Training for ACT team members on complementary evidence-based and evidence-informed practices that support high-fidelity service delivery (e.g., integrated dual disorder treatment, supported employment, illness management and recovery)
- Training in trauma-informed care for all ACT team members to promote safe, person-centered engagement and service delivery
- Role-specific training to strengthen core clinical competencies of ACT team members (e.g., substance use disorder treatment approaches, psychiatric rehabilitation practices, crisis intervention strategies)
- Ongoing professional development and workforce retention strategies, including mechanisms to monitor emerging clinical trends, population needs, and best practices to inform future training priorities

6. **Conduct ACT Fidelity Assessments and Continuous Quality Improvement**

   When: Within 6 months of award, and annually thereafter

   Conduct ACT Fidelity Assessment and Continuous Quality Improvement. You will submit fidelity assessments for GPO review in eRA Terms Tracker. You must:

   - Identify the selected fidelity tool (e.g., **TMACT**, **DACTS**, **ACT EBP KIT**)
   - Develop a plan, including training, and agency policies and procedures, to increase fidelity score to high-fidelity across the life of the grant

     You may:

     - Identify strengths and maintain practices that align with the chosen ACT model
     - Identify areas needing improvement and develop specific plans to address them
     - Set clear, measurable goals based on the assessment findings
     - Update team procedures, workflows, or staff roles as needed, provide training or coaching to strengthen staff skills in areas with low fidelity, monitor progress by comparing future fidelity assessments to earlier results, share assessment results with staff and use them during team planning and quality improvement activities

   NOTE: If you are expanding an existing ACT program, submit an ACT Fidelity Assessment review that has been completed within the past two years. If you are creating a new ACT program, Attachment 10 is not required.

Allowable Activities

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

1. Coordinate with local criminal justice or housing systems to support implementation of the ACT model or the delivery of specialized ACT programs focused on people who are involved with the criminal justice system or are homeless/at risk of homelessness.
2. Develop and implement supplemental physical health and wellness initiatives to improve whole-person outcomes for ACT clients
3. Develop programs addressing physical inactivity, nutrition, tobacco cessation, and chronic disease prevention
4. Connect ACT clients to health education and wellness services
5. Improve follow-through with primary care and specialty medical appointments
6. Hire or contract with licensed or certified health professionals (e.g., nutrition professionals, wellness coordinators) to support health promotion activities
7. Provide specialized training and certification for ACT staff in advanced SUD treatment approaches (e.g., contingency management, motivational enhancement strategies, relapse prevention models)
8. Develop structured recovery groups or peer-led recovery programming beyond core ACT services
9. Develop employer partnerships to expand competitive employment opportunities
10. Connect ACT clients to workforce readiness workshops, financial literacy education, or benefits counseling services
11. Collaborate with state vocational rehabilitation agencies, workforce development boards, or community colleges
12. Collaborate with other SAMHSA and federal grantees including those to be supported through the HHS STREETS Initiative (**https://www.hhs.gov/press-room/secretary-kennedy-announces-100-million-investment-great-american-recovery.html**).
13. Collaborate with or integrate service delivery with Certified Community Behavioral Health Clinics (CCBHCs).

Eligibility

Eligible Applicants

Eligibility is statutorily limited to:

- States and territories (Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated

States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia;

- Political subdivisions of states;
- Indian tribes, or tribal organizations (as such terms are defined in **Section 5304 of Title 25**);
- Mental health systems; and
- Health care facilities.

NOTE: If you were funded under **ACT NOFO SM-23-007**, you are not eligible to apply under this NOFO. For a complete list of ineligible applicants, refer to **Appendix A**.

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, report data, and document your plan for reporting in **Section E** of your Project Narrative.

You must report *client-level* data in SAMHSA's Performance Accountability and Reporting System (**SPARS**) using SAMHSA's performance measurement tool. The tool collects self-reported survey data from program participants and grantee-reported administrative data about the services provided. You can visit **SAMHSA's Performance Measures** webpage to view the performance measurement tool. Data must be entered in SPARS no later than 30 days after collection and must be collected at the following points:

1. Intake to SAMHSA-funded services.
2. Six months post-intake (reassessment) for active clients.
3. 12 months post-intake and annually thereafter for active clients.
4. Administrative closeout from SAMHSA-funded services.

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 may be reported to the public.

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.

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress towards relevant goals.

You are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project and 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.

Please 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**.

Using Evidence-Based and/or Evidence-Informed Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In **Section C** of the Project Narrative, you must identify the evidence-based practice (EBP) and/or evidence-informed practice (EIP) that will be used. For more information, see the **Grants Glossary.**

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

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

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider **SAMHSA 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** initiative. In addition, there are other expectations included in *Section I* in the *Application Guide* that you must consider as you design your project.

As a part of the project funded under this NOFO, you are required to adhere to the following principles where consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.
2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

In addition, your organization should advance the following objectives in programs that are authorized to advance them:

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **Recovery, Sobriety, and Self-Sufficiency:** Provide support and treatment to help individuals achieve long-term recovery, sobriety, independence, and improved functionality in work-life responsibilities.

You must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

As referenced in the **SAMHSA's Dear Colleague Letter on MAT**, if your proposed project funds MAT/MOUD, this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other

treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

Upon achieving stability in treatment and building sufficient recovery support, and at least annually, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.

If your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Recipient Meetings and Technical Assistance

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

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

Budget revisions will be allowed if SAMHSA decides to have an in-person meeting at a later date.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense[1] in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than $10.00 per client per day.
- You 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).
- 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.
- 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 belief that sex is a chosen or mutable characteristic;
    - illegal immigration; or
    - any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in **SAMHSA's Dear Colleague Letter** on harm reduction.
- Discretionary awards cannot 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 applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with SAMHSA Strategic Priorities. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

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

Other Requirements

Evidence of Experience and Credentials

SAMHSA trusts that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise can provide the required services quickly and effectively.

All required activities must be provided directly by you.

In Attachment 1, you must include:

- **Official documents** (such as licensure or certification) must show that your organization has provided relevant mental health services for the last three years. Your organization must also be in compliance with all applicable local (city or county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

- **Statement of Certification**: Provide a written Statement of Certification attesting that your organization:

  - meets the three-year experience requirement providing relevant mental and behavioral health services (as of the due date of the application),

  - meets all applicable licensing, accreditation, and certification requirements, and

  - will directly provide all required activities.

An individual's license cannot be used. Tribes and tribal organization mental health providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for an award if the requested information is not received by the due date.**

Step 2: Get Ready to Apply

Get Registered

SAM.gov

You must have an active account with SAM.gov 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 in 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 in ***Section A*** of the *Application Guide.*

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to **Search Grants at Grants.gov** or **eRA ASSIST** and search for opportunity number: SM-26-022.

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	10 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. Evidence of Experience and Credentials/Statement of Certification	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	2 pages
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. ACT Fidelity Assessment	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
☐ Assurances for Non-Construction Programs (SF-424B)	None

Component	Page limit
☐ 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**
- **Completing forms and required components** (*Section A* in the *Application Guide*)

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area served,
- Identify if you are expanding an existing ACT program, or if you are creating a new ACT program,
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project,
- The age range and distribution of the population planned to be served,
- The clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served,
- Strategies and interventions that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to **SAMHSA Strategic Priorities**).

In the first five or fewer lines 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 F*** 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: Evidence of Experience and Credentials/Statement of Certification

In Attachment 1, you must:

- **Official documents** (such as licensure or certification) must show that your organization has provided relevant mental health services for the last three years. Your organization must also be in compliance with all applicable local (city or county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

- **Statement of Certification**: Provide a written Statement of Certification attesting that your organization:
  - meets the three-year experience requirement providing relevant mental and behavioral health services (as of the due date of the application),
  - meets all applicable licensing, accreditation, and certification requirements, and
  - will directly provide all required activities.

An individual's license cannot be used. Tribes and tribal organization mental health providers must follow all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application.

Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete. **Your application will not be considered for an award if the requested information is not received by the due date.**

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

As appropriate, submit sample consent forms that provide for:

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

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 5 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 no more than two pages.

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

See ***Section C*** 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 Nonprofit Status

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

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in Section 501(c)(3) of the IRS Code.
- A copy of a current and valid IRS tax exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has 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 that the applicant organization is a local nonprofit affiliate.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

If you have a NICRA, the document must be submitted.

Attachment 10: ACT Fidelity Assessment

If you are expanding an existing ACT program, submit an ACT Fidelity Assessment review that has been completed within the past two years.

If you are creating a new ACT program, attachment 10 is not required.

NOTE: This is not a screen-out criterion. Following the review of your application, you may be requested to submit additional documentation or verify that the documentation submitted is complete.

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on 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 in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date), enter: a. Start Date: 09/30/2026; b. End Date: 09/29/2031.
  - **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 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).

  (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 (Match Not 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:

- 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 up to five sections (Sections A–E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion.**
- 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 (15 points – approximately 1 page)

1. Identify the geographic catchment area where you will deliver services.
2. Identify if you are expanding an existing ACT program, or if you are creating a new ACT program. If applicable, describe how your ACT program will integrate into the existing service structure in the community you will serve, including any integration with CCBHC(s).
3. Describe whether you will serve transition-aged youth (18-25), adults, older adults, or a combination of the three population choices. Include information on age, sex (male/female), clinical characteristics, veteran status, and involvement in systems such as criminal justice, social services, and/or homeless services. Note: racial preferences or any form of racial discrimination, including the use of race or race-based proxies in hiring or participant selection, is prohibited.
4. Describe the need for ACT services in your catchment area, including any service gaps and the number of individuals that are in need of ACT services. You must include current prevalence rates or incidence data to document the need. The data sources must be identified (e.g., **National Survey on Drug Use and Health (NSDUH)**). (Note: Citations may be included in an attachment and will not count towards the page limit.)

B: Proposed implementation approach (30 points – approximately 4 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 with the Statement of Need in A.3. Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will implement all the **required activities** and selected allowable activities.
3. Describe how your proposed implementation approach will address **SAMHSA Strategic Priorities**.
4. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 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 (must be no later than four months after award). The timeline does not count towards the page limit for the Project Narrative.

C: Proposed evidence-based practice (EBP) and/or evidence-informed practice (EIP) (25 points – approximately 2 pages)

1. Identify the EBP(s) and/or EIP(s) that you will use. Discuss how each intervention chosen is for ACT and the individuals that will be served.
2. Describe any modification(s) you will need to make to the EBP(s) and/or EIP(s), and the reasons the modification(s) are necessary. If you are not proposing to make any modification(s), indicate so in your response.
3. Describe how you will ensure the fidelity of the ACT model. For more information about monitoring fidelity, see **Fidelity Monitoring Tip Sheet**.

D: Organizational experience and staffing (20 points – approximately 2 pages)

1. Describe your organization's experience with providing services to individuals with SMI have difficulty engaging in traditional outpatient services.
2. Identify any organization(s) you will partner with, including CCBHCs, if applicable. For each, include a description of their experience providing services to the individuals with

SMI who struggle to engage with traditional care systems. You must describe their specific roles and responsibilities for this project. If you are not partnering with any other organizations, you must indicate so in your response.

3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director and Evaluator). 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 individuals with SMI who have difficulty engaging in traditional outpatient services.

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

1. Describe how you will collect the performance measures and measurable objectives data for this project, which will measure the success and progress towards your goals.
2. Describe how you will use the data to manage, monitor, and enhance the program (see **Developing the Plan for Data Collection and Performance Measurement**).

Risk Review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices.

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

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

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

For more details, see **2 CFR Part 200**.

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/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.

- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with SAMHSA's Strategic Priorities. To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA Strategic Priorities will not receive funding.

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

- Approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.
- **NOTE**: If you were funded under **ACT NOFO SM-23-007**, you are not eligible to apply under this NOFO. For a complete list of ineligible applicants, refer to **Appendix A**.

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. 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 **Monday, July 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.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in **2 CFR 200.340(a)(4)**.

Reporting Requirements

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

You are required to submit an annual Programmatic Progress Report (PPR) in years one through four and a cumulative Final Progress Report (FPR) in year five. You must use the OMB-approved Excel **Programmatic Progress Report (PPR)** template for your program.

You will need to submit your completed PPRs in eRA Commons.

The annual PPR for years one through four is due within 90 days of the end of each budget period.

The **Programmatic Progress Report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving the goals and objectives stated in your grant application;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Success stories; and
- Data to support program specific measures (PSM), including the grant's implementation and evaluation of the ACT Model.

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

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

Appendix A: Ineligible Applicants

Grant #	Organization	State	NOFO #
SM087965	Centerstone of Florida, INC	FL	SM-23-007
SM087959	Prairie Ridge Integrated Behavioral Healthcare	IA	SM-23-007
SM087966	Centerstone of Illinois, INC	IL	SM-23-007
SM087972	Kanza Mental Health & Guidance Center	KS	SM-23-007
SM087956	Mountain Comprehensive Care Center, INC	KY	SM-23-007
SM087985	Prestera Assertive Community Treatment Program	WV	SM-23-007