Notice of Funding Opportunity

Application due Monday, July 6, 2026

SAMHSA
Substance Abuse and Mental Health Services Administration

Adult Suicide Prevention

Opportunity number: SM-26-007

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up to date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, July 6, 2026.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

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Basic Information

Substance Abuse and Mental Health Services Administration (SAMHSA)

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 520L of the Public Health Service Act, 42 USC 290bb-43, as amended [PDF].

Agency Contacts

Program and Eligibility Questions

Tara Parra
Center for Mental Health Services
Telephone: 240-276-2830
tara.parra@samhsa.hhs.gov

Financial and Budget Questions

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

Review Process and Application Status Questions

Chloe Eastwood
Office of Financial Resources
Division of Grant Review
Chloe.Eastwood@samhsa.hhs.gov

Key Facts

Opportunity Name: Adult Suicide Prevention

Short Title: ASP

Opportunity Number: SM-26-007

Announcement Version: Original

Federal Assistance Listing: 93.532

Eligible Applicants: Eligibility is statutorily limited to community-based primary care or behavioral health care settings; an emergency department; State mental health agency; public health agency; territory of the United States; Indian tribe or tribal organization (as the terms "Indian tribe" and "tribal organization" are defined in section 5304 of title 25).

See Eligibility for complete eligibility information.

Key Dates

Application deadline: 07/06/2026

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.*

Summary

The purpose of this program is to build and strengthen community infrastructure and readiness to support early intervention, community-led suicide prevention, and resiliency efforts for adults who are at risk for suicide.

Your organization is expected to:

- Establish an Adult Suicide Prevention (ASP) program.
- Develop and implement an upstream community-based suicide prevention strategic plan.
- Promote lethal means safety.
- Support evidence-based care and community transitions to reduce suicide risk.

The program helps communities use their own strengths to create long-lasting systems that prevent adult suicide based on proven approaches. This approach emphasizes reducing adult suicide risk factors, enhancing collaboration with non-clinical stakeholders), and implementing targeted voluntary, community-based, non-regulatory, lethal means safety strategies.

With this program, SAMHSA aims to reduce suicide and suicide attempts by helping communities build their own support systems, instead of relying solely on traditional clinical care. **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: $1,858,489

Estimated Number of Awards: 5

Estimated Award Amount: Up to $400,000 per year per award

Length of Project Period: Up to 4 Years

Your annual budget cannot be more than $400,000 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 build and strengthen community infrastructure and readiness to support early intervention, community-led suicide prevention, and resiliency efforts for adults who are at risk for suicide.

This program does not fund direct service delivery; rather, it focuses on strengthening systems, partnerships, and non-clinical community assets that complement existing clinical interventions to promote resiliency and social cohesion and to address and prevent suicide across the community.

A team effort is needed to prevent suicide. Communities must work together using proven strategies to raise awareness, improve referral systems, and ensure people at risk can receive quality care.

Suicide risk is not just about mental health – it is also shaped by social, economic, and environmental factors. Communities need more than traditional clinical care; they need coordinated approaches across different sectors to identify risks early, connect people to the right support, and provide help before, during, and after a crisis.

The ASP Program aligns with SAMHSA's Strategic Priorities to improve access to evidence-based treatment, expand crisis intervention care and services, and address serious mental illness.

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 is responsible for the oversight of the entire project, with an emphasis on cross-sector collaboration and implementation. The level of effort (LOE) for this position must be at least 50% of a full-time equivalent (FTE).
- **Evaluator:** The Evaluator is responsible for the oversight of the evaluation, with an emphasis on cross-sector collaboration and implementation. The LOE for this position must be at least 20% of a 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.
- You 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.
  - Reducing any Key Personnel's level of effort by 25% or more.

Required Activities

Funds for this program are primarily used to support capacity building. Capacity building involves strengthening the ability of your organization to meet identified goals so that it can sustain or improve the delivery of services.

In the Project Narrative (B.2), you will provide a description of how you will implement the required activities.

Nothing in the required or allowable activities described below allows grant recipients 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 and Convene a Community Suicide Prevention Task Force

When: Within 6 months of award and meeting at least quarterly through the entire project period.

Establish and convene a Task Force composed of local community leaders. This group will provide recommendations on grant activities and requirements (including the strategic plan) and share feedback on how you are working to prevent suicide.

Your Task Force must include:

- Local community leaders.
- Businesses and organizations within your community where individuals at risk of suicide may frequent or shop, and where suicide prevention messaging would be effective.
- Businesses where there is potential access to lethal means or substances that can increase suicide risk, such as pharmacies, liquor stores, and gun stores.

Your Task Force members could also include:

- Grant program director or a supervising leader from your organization.
- Local elected officials or representatives that can speak on officials' behalf.
- Other federal and state supported suicide prevention effort leads active in your service area:

    - Community healthcare leaders, including primary care provider representation.
    - Local behavioral health clinic staff.
- Community faith-based leaders:
    - Housing, health, social services and workforce groups.
- Representatives from:
    - Law enforcement/sheriff offices and other first responder agencies.
    - Senior services.
    - County and/or local health departments.

2. Develop an Upstream Community-Based Suicide Prevention Strategic Plan

When: Within 6 months of award

Develop a community-based strategic plan that serves as the overall framework for the entire project. The strategic plan should reflect input from the Task Force, data related to community needs and focus on protective factors against suicide in your community.

The strategic plan should:

- Explain your plans and interventions to reduce suicide risk in your community.
- Identify local challenges and strengths and where there are opportunities to help.
- Describe how community groups and businesses can help prevent suicide prevention in everyday interactions, such as sharing prevention messaging, spotting warning signs early, making safe referrals, and limiting access to dangerous items.
- Clearly describe each partner's role, how all partners will work together, and what they share responsibility for to create a united community approach.
- Set clear goals based on data to strengthen protective factors.

3. Implement Your Upstream Community-Based Suicide Prevention Strategic Plan

When: Within 9 months of award

Implement your strategic plan that works to address coordinated, community-based strategies that build protective factors and reduce risk. Focus on:

- Identifying community partners and organizations likely to come into contact with individuals at elevated risk of suicide (e.g., hospitals and health systems, law enforcement, jails, courts, major employers and employers with employees facing elevated risk) and work with them to develop suicide prevention capacity.
- Training community partners so they understand what increases or decreases suicide risk.
- Social Connection: Help high-risk adults (e.g., older adults, rural residents, Veterans) feel more connected and involved in their communities.
- Economic Stability: Reduce financial and employment stress by improving job opportunities and financial security for high-risk individuals.
- Identification and Getting Help: Teach people how to recognize warning signs and how to get help for individuals at risk of suicide.

4. Promote Lethal Means Safety

Promote lethal means safety by working with community partners. This can be accomplished by:

- Building partnerships with law enforcement and other first responders and firearm businesses (e.g. retailers, gun clubs, shooting ranges) to encourage voluntary safety steps during personal crises.
- Educating the community and sharing information with the public and businesses about how to reduce suicide risk.
- Working with local partners to improve safety at known high-risk locations in the community (e.g., bridges, railroad tracks, tall buildings, cliffs, rural or secluded locations, etc.) to reduce tragedy while preserving access and community use.
- Improving safety at high-risk locations (e.g. bridges, railroad tracks, tall buildings, cliffs, rural or secluded locations) while keeping them accessible for normal use and post 988 suicide lifeline information at these locations.

- Providing training for peers, businesses, and community partners on how to talk respectfully and effectively about safe firearm and medication storage during high-risk times.

5. Support Evidence-Based Care and Community Transitions for Suicide Risk

Support evidence-based care and smooth transitions for adults at risk of suicide by adding strong community-based support and follow-up systems to existing evidence-based clinical practices. This includes:

- Training providers and building workforce skills to ensure that service providers receive suicide prevention training that covers:
  - Recognizing suicide risk and supporting people from different programs.
  - Creating safety plans and talking about safe storage of items that could be used for self-harm.
- Using proven treatments (e.g., Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP), Dialectical Behavior Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS)).
- Creating strong community partnerships for follow-up care by working with local health and behavioral health providers to:
  - Establish clear steps for rapid follow-up (within 24 hours) after a suicide attempt or crisis.
  - Ensure smooth care transitions from emergency departments, psychiatric hospitals, or crisis units.
  - Connect with 988 crisis centers and other crisis response teams.
  - Provide immediate referrals to mental health or crisis counseling services.

Allowable Activities

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

1. Utilizing public awareness and activation campaigns that adhere to the National Action Alliance for Suicide Prevention's guidance on safe messaging.
2. Consider your community that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages you to:
    - Engage communities, when practicable, during the design phase.
    - Develop your program in consultation with your community that will benefit or be impacted by this project.
    - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.
3. Establishing a system for the free distribution of safe storage devices (medication lock bags, drug disposal kits for opioids and other medications). Distribution must occur through high-volume, non-clinical locations).*

*Drug take-back systems and free distribution of safe storage devices must comply with state and local laws.

Eligibility

Eligible Applicants

Eligibility is statutorily limited [section 520L(a)(2)] to:

- Community-based primary care or behavioral health care settings.
- Emergency departments.
- State mental health agency (or State health agency with mental or behavioral health functions).
- Public health agencies.
- Territories of the United States.
- Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25).

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

Your organization must collect and report data under the Government Performance and Results (GPRA) Modernization Act of 2010. You must collect and report data and document your plan for data collection and reporting in Section D of your Project Narrative.

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 collect and report data on the following SUPRT-P indicators:

- Number of individuals trained in mental- health or related interventions.
- Number of individuals trained in suicide prevention.

The required data collected and reported to SAMHSA should also be used for continuous quality improvement. Performance measures and data may be reported to the public.

Performance Assessment

You should include clear benchmarks/objectives for measuring success and progress toward relevant goals.

You are required to submit programmatic progress reports that demonstrate 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.

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 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, the recipient is 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, the recipient should advance the following objectives in programs that are authorized to advance them:

4. **Services 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.

The recipient 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 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 expect your attendance at an in-person meeting in Year 2. You must send a maximum of three people, including the Project Director and Evaluator, to this meeting.

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 in the Washington, D.C., metropolitan area for up to three days.

Budget revisions will be considered if SAMHSA decides to have a virtual meeting.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is not an allowable 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.
- 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).
- 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.
    - 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 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 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.

Step 2:
Get Ready to Apply

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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 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: SM-26-007.

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

In this step

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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. Letters of commitment, if applicable	None
☐ 2. Data collection instruments and interview protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	2 pages
☐ 5. Biographical sketches and position descriptions	See: Biographical Sketches
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State 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
☐ Assurances for Non-Construction Programs (SF-424B)	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.**
- **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.
- 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.
- Measurable objectives (whenever possible, focus on objectives that relate to SAMHSA's 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 request. As you develop your budget, consider:

- Whether 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 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: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 4 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

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 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 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 as listed on Grants.gov. You can find them in the NOFO Application Package or review them and their instructions on 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: 9/30/2026
  - b. End Date: 9/29/2030
- In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
- **Line 21** is the Authorized Representative and should not be the same individual as the PD in **Line 8f**.

It is recommended you review the sample 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., Click or tap here to enter text. Year 2, Year 3, and Year 4). For example, if funds are being requested for four years total, enter the requested budget amount for each of those budget period in columns b, c, and d (i.e., three 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.
    - 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

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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 the eligibility criteria.
- Is submitted after the deadline.
- Exceeds the 10-page limit for the Project Narrative.

Merit Review

Project Narrative

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

- The Project Narrative cannot be longer than 10 pages.
- There are four sections (Sections A–D) and you must use the section numbers and headings listed in the Evaluation Criteria.
- Include the section letter and number (e.g., A.1, B.2) **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 (25 points – approximately 2 pages)

1. Identify where your project will take place (the geographic area) and who will benefit from building stronger suicide prevention services for adults. [Note: 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 are prohibited.]
2. Provide a clear description of why your community needs suicide prevention for adults, such as service gaps, in the geographic area you identified.
3. Describe why you need to grow your ability or organizational capacity to provide, maintain, and improve community support for adult suicide prevention. 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 (40 points – approximately 5 pages)

1. Describe the goals and measurable objectives of your proposed project. See Developing Goals and Measurable Objectives. They must align with the population of focus and need statement in A.3.
2. Describe how you will implement all the required activities and any 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 4 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 2 pages)

1. Describe your organization's experience with similar projects, especially those focused on suicide prevention or providing suicide prevention services to adults.
2. Identify any other organization(s) you will work with on this project. For each partner:
    - Describe their roles and responsibilities
    - Include a Letter of Commitment (LOC) from each partner in **Attachment 1.**

    If you are not partnering with any other organization, clearly state that 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 (what they will do).
    - Level of effort (LOE) as a percentage of employment (e.g., 1.0 FTE = full-time).
    - Qualifications, including:
        - Experience working with adults at risk of suicide.
        - Knowledge of adults who are at risk of suicide and familiarity with the culture(s) and language(s) of these individuals.

D: Data Collection and Performance Measurement (15 points – approximately 1 page)

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

Risk Review

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

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

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

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

For more details, see 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's Strategic Priorities will not receive funding.

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

- When the individual award is over $250,000, approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- 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. 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

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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 6, 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. 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

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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 1, 2, and 3 and a cumulative Final Progress Report (FPR) in Year 4. 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 programmatic progress report 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 goals and objectives.
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Success stories.
- Data to support program specific measures, including lists of the organizations represented on the Community Suicide Prevention Task Force and the stakeholders implementing lethal means safety protocols.

You must submit a Final Progress Report (FPR) 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.