**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: Children's Mental Health Initiative**

**Short Title: CMHI**

**NOFO Number: SM-26-013**

# Step 1: Review the Opportunity

## Basic Information

### Key Facts

Opportunity Name: Children's Mental Health Initiative

Short Title: CMHI

Opportunity Number: SM-26-013

Announcement Version: Original

Federal Assistance Listing: 93.104

Eligible Applicants: Eligibility is statutorily limited by Section 561(a)(2) of the Public Health Services Act. See **Eligibility** for complete eligibility information.

### Key Dates

Application deadline: 04/20/2026

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

Applicants are expected to follow guidance provided in the ***FY 2026 NOFO Application Guide*** (the *Application Guide*)**.** This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see the **SAMHSA Grants Glossary** for definitions of terms used in this NOFO.

### Authorizing Statute

**Sections 561 - 565 of the Public Health Service Act (42 U.S.C. 290ff-290ff-4),** as amended.

## Agency Contacts

### Program and Eligibility Questions

Center for Mental Health Services
Kate Perrotta
240-276-1903
ChildrensMentalHealthInitiative@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
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## Summary

The purpose of the Children's Mental Health Initiative (CMHI) program is to provide comprehensive community mental health services to children, youth, and young adults, birth through age 21 with a serious emotional disturbance (SED),[1] which may include efforts to identify and serve children at risk,[2] and their families. Implementation of CMHI is guided by the systems of care (SOC) approach. It is expected that the CMHI SOC must:

- Be established in a community(ies) selected by a public entity.
- Consist of the community's public agencies and nonprofit entities (i.e., cross system partners) needed to ensure that each of the required services is available to the child.
- Be established through agreements between the public entity, public agencies, and nonprofit entities (i.e., cross system partnerships).

[1] For the purposes of this NOFO, the term "serious emotional disturbance" includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

[2] For the purposes of this NOFO, the term "at risk" refers to early signs and symptoms of SED, that have considerable impairment and require mental health intervention. Children, youth, and young adults who are determined at risk may not have a diagnosable SED.

- Coordinate the provision of all required services.
- Establish a single point of access (i.e., a single office or place) that serves as the location through which children are provided access to the system of care.

With this program, SAMHSA aims to address the mental health needs of children, youth, young adults, and their families by providing a comprehensive spectrum of mental health services and supports. This program is designed to advance SAMHSA's Strategic Priorities and the Make America Healthy Again agenda.

## Funding Details

Funding Type: Cooperative Agreement

Estimated Total Available Funding: $43,353,763

Estimated Number of Awards: 22 (At least three awards will be made to a tribe or tribal organization pending sufficient volume of applications.)

Estimated Award Amount:

- States/Territories – Up to $3,000,000 per year
- Political subdivision of States – Up to $1,000,000 per year
- Indian Tribe or Tribal organization – Up to $1,000,000 per year

Length of Project Period: Up to 4 Years

**The federal portion of your annual budget cannot be more than $3,000,000 (States) or $1,000,000 (Political sub-divisions of states; tribes; tribal organizations) 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.

**Cost sharing** is a requirement of this program.

# Program Description

## Purpose

The CMHI program provides comprehensive community mental health services to children, youth, and young adults, birth through age 21 with a SED, which may include efforts to identify and serve children at risk, and their families. Implementation of CMHI is guided by the SOC

approach. A SOC[3] is defined as a coordinated network of effective mental health and essential supportive services organized to address and meet the varied needs of children, youth, and young adults, and their families. The systems of care approach strives to ensure that mental health services are family-driven and youth-guided, community based, and culturally and linguistically appropriate.

Mental health conditions in children, youth, and young adults are complex, involving multiple challenges in a variety of settings and specialized systems. The 2023 National Survey of Children's Health estimated that 1 in 4 children aged 3 to 17 have a mental, emotional, developmental or behavioral problem (25.8 percent).[4] The 2024 NSDUH estimated that more than 1 in 7 adolescents aged 12 to 17 experienced a major depressive episode in the past year (15.4 percent) and approximately 1 in 5 adolescents experienced moderate or severe symptoms of generalized anxiety disorder (18.8 percent).[5] To address these challenges, SAMHSA supports communities to partner across child-serving agencies (including mental health, education, juvenile justice, child welfare, primary healthcare, and substance use) and to develop a coordinated system of care that is customized for children, youth, young adults and their families to meet all their needs. SAMHSA and match funds may be used to augment existing activities and/or to build certain aspects of the SOC. A state applicant must select at least two jurisdictions (e.g., county, city, etc.) in which to establish or augment a system of care.

The CMHI SOC must:

- Be established in a community(ies) selected by a public entity.
- Include the community's public agencies and nonprofit entities (i.e., cross system partners) needed to ensure that each of the required services is available to the child.
- Be established through agreements between the public entity, public agencies, and nonprofit entities (i.e., cross system partnerships).
- Coordinate the provision of all required services.
- Establish a single point of access (i.e., a single office) that serves as the location through which children are provided access to the system of care.

CMHI addresses the following SAMHSA priority areas:

- Addressing serious mental illness

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[3] https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf

[4] https://www.childhealthdata.org/browse/survey/results?q=11499&r=1

[5] https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national/2024-nsduh-annual-national-html-071425-edited/2024-nsduh-annual-national.htm#symp1

- Improving access to evidence-based treatment for mental illness and co-occurring disorders

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

## Key Personnel

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

The Key Personnel for this program are as follows:

- **Project Director (PD):** The qualification for this position includes overseeing mental health programs. Level of education should be a minimum of a bachelor's degree. The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The PD is responsible for project oversight, including developing a plan for implementation of all required grant activities and providing leadership in implementing all facets of the SOC. This individual will coordinate activities with and have access to key decision-makers responsible for and committed to SOC implementation. This position must be served by one individual who serves a minimum of 75 percent level of effort of a full-time equivalent (FTE) position (percentage of time worked based on a full-time work schedule).

- **Lead Family Coordinator:** The Lead Family Coordinator must have lived experience as a primary caregiver of a child, youth, or young adult with a SED who has received or is currently receiving services from the mental health service system. Responsibilities include working in partnership with your staff in all aspects of implementing the system of care and providing peer support to families. This is a position with a minimum 75 percent level of effort of an FTE position. Two individuals can share the position.

- **Evaluator:** The Evaluator is responsible for overseeing all aspects of the required data systems, management, collection, analyses, and reporting requirements, including providing training to and supporting grant staff in understanding and appropriately

reporting all required data. This position must be filled by one person serving a minimum of 25 percent level of effort of an FTE position. The Evaluator must be a different individual than the Project Director.

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.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
    - Replacing or removing Key Personnel, or
    - Reducing any Key Personnel's level of effort by 25 percent or more

## Required Activities

Funds for this program are primarily for providing services to clients. These services must begin within nine months after receiving the award.

In the Project Narrative, you will provide the following:

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

NOTE: State applicants must identify at least two local jurisdictions within the state where required activities will be implemented. If you are a previous CMHI grant recipient, you cannot select local jurisdictions that were served in your CMHI project.

Grant recipients funded under NOFO SM-23-013 in either FY 2023 or FY 2024 are not eligible to apply under this NOFO. Please refer to **Appendix A** for complete list of ineligible grant recipients.

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 a CMHI System of Care Governance Board.**

   **When:** 3 months after award

   Establish a CMHI System of Care Governance Board.

   The Governance Board shall include individuals who have decision-making authority about policy changes, program implementation, and program evaluation.

   The Governance Board is responsible for:

   - Providing direction and input to the SOC
   - Ensuring that SOC goals and objectives are being met
   - Developing a strategic plan to address current gaps and future needs.
   - Overseeing policy development and sustainability planning for when federal funding ends

   Members of the Governance Board should include the following:

   - Individuals at the state/territorial, local, and/or tribal level with decision-making authority
   - Mental health providers
   - Family members with children, youth, young adults with SED
   - Youth/young adults with lived experience with SED
   - Cross system partners (e.g., juvenile justice, education, primary care, child welfare, substance use, early childhood, public health departments and other government agencies, family-run organizations)

2. **Develop collaborations with cross-system partners.**

   **When:** Within 6 months of award

   Develop cross-system partnerships with all public agencies that provide mental health and related services where the SOC is established, including but not limited to mental health service agencies, educational services agencies, child welfare service agencies, juvenile justice service agencies, primary healthcare, and family-run and youth-run organizations.

   A Memorandum of Understanding (MOU), or other type of formal agreement, must be established with each cross-system partner. The formal agreement must include:

   - The role of each agency in the SOC and the point of contact (POC)
   - A description of any financial or in-kind contributions, including match dollars
   - Agency responsibility in system development and service delivery

- Processes to obtain informed consent for project participation, information sharing, and data collection
- How data will be collected and shared
- How Medicaid services will be facilitated, when applicable

**3. Establish and maintain a single point of access for the system of care.**

**When:** Within 9 months of award

Establish and maintain a single point of access where children, youth, young adults, and their families can be referred to and/or enrolled in one or more of the required mental health services. You must:

- Establish a SOC office that serves as the single point of access through which children, youth, and young adults are provided access to the SOC.
- Coordinate the delivery of SOC services.
- Provide SOC information to the public regarding the system through social marketing

**4. Establish and maintain an outreach, screening, and referral system.**

**When:** Within 9 months of award

Establish and maintain an outreach, screening, and referral system to identify children, youth, and young adults with a SED, which may include children at risk.

This system must reach and engage or re-engage children, youth, young adults at-risk for or with SED. This includes enhancing processes and procedures already in place. Outreach and screening must be culturally appropriate.

**5. Develop an implementation plan.**

**When:** Within 9 months of award

Develop an implementation plan to ensure that all services referenced below are available and provided to children, youth, young adults, and their families. Services could be provided by the recipient, a sub awardee, or a cross-system partner. If a service already exists, grant funds may be used to enhance such service.

The SOC must include and provide all of the following services:

- Diagnostic and evaluation services
- Outpatient services, including individual group and family counseling services; professional consultation; and review and management of medications. Services should be provided in a clinic, office, school, or other appropriate location.
- Emergency crisis services, available 24 hours per day, 7 days per week
- Intensive home-based services for children and their families when a child is at imminent risk of out-of-home placement.

- Intensive day treatment services
- Respite care
- Therapeutic foster care services and services in therapeutic foster family homes of individual therapeutic residential homes, and group homes caring for not more than 10 children.
- Assisting the child in making the transition from the child services to adult services.

**NOTE:** These required services must be family-driven and youth-guided, delivered in the least restrictive environment that is clinically appropriate.

**NOTE**: **For Tribes, Tribal organizations, and Territories only**, you may request to waive one or more of the required services. In **Section B** of your application, indicate which services you are requesting to waive and justify how your system of care will remain family-centered and uses the least restrictive environment that is clinically appropriate without these services.

**6. Establish a plan to ensure there is an individualized service plan for each child, youth, and young adult that enters the SOC.**

**When:** Within 9 months of award

Develop a plan to ensure there is an individualized service plan for each child, youth, and young adult in the SOC. Plans must:

- Be developed and carried out with the participation of the child's family, and unless clinically inappropriate, with the participation of the child
- Be based on the needs of each child, youth, or young adult
- Be strength-based
- Have goals that have been identified by a multidisciplinary team (e.g., mental health, medical, educational, social services, vocational counseling and rehabilitation service providers, natural supports)
- If applicable, coordinate services and support for students with disabilities
- Be reviewed no less than once per year

**7. Establish a plan to provide case management, tiered, or intensive care coordination.**

**When: Within** 9 months of award

Establish a plan to provide case management, tiered, or intensive care coordination (e.g., High-Fidelity Wraparound[6]) to ensure that multiple services are coordinated and delivered.

**8. Develop and implement a plan to sustain the SOC when federal funding ends.**

**When:** Before the end of the third budget period.

Develop and implement a sustainability plan that includes:

- Continued funding for the services
- Proposed changes in policy to support and maintain the system of care
- How you are working with your respective state (i.e., state agency for mental/behavioral health, state Medicaid agency) to achieve broader system-level changes to implement and sustain the SOC approach.

**9. Develop and Implement a Digital Behavioral-Health Safety, Social Media Risk Mitigation, and Technology Plan**

**When: Within 9 months of award**

Develop and implement a Digital Behavioral-Health Safety and Risk-Mitigation Plan to address mental-health risks associated with social media, digital communication platforms, and emerging technologies. This plan must ensure that your System of Care (SOC):

- Identifies and mitigates digital behavioral-health risks for children, youth, and young adults with SED, including cyberbullying, online harassment, exposure to violence or self-harm content, and online exploitation.
- Incorporates digital safety screening questions into the outreach, screening, and referral system, consistent with cultural and linguistic appropriateness.
- Provides information for families, youth, and young adults regarding safe technology use, social-media risks, and evidence-informed approaches to reducing harm from technology.
- Ensures that any technology, platform, or digital application used for service delivery, communication, or data collection complies with all SAMHSA, HHS, and Federal data-privacy protections (including 2 C.F.R. § 200.303).

## Allowable Activities

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

1. Implement community engagement activities.

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[6] To learn more about Intensive Care Coordination Using High Fidelity Wraparound: Visit the Title IV-E Prevention Services Clearinghouse, Jan 2022, **https://preventionservices.acf.hhs.gov/programs/660/show**.

2. Provide training to SOC leadership and cross system partners in strategic planning and operating a SOC.
3. Provide training to the mental health workforce about evidence-based, evidence-informed, and promising practices (e.g., intensive in-home therapy, intensive day treatment, foster and group home interventions).
4. Provide supportive services to children, youth, young adults, and their families (e.g. family and youth peer support).
5. Consider the communities that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages applicants to:
    - Engage communities inclusive of children, youth, young adults, and families, when practicable, during the design phase,
    - Develop programs in consultation with communities benefiting from or impacted by the program, and
    - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.
6. Provide training to the behavioral health workforce on evidence-based psychiatric medication management, including safe tapering, deprescribing practices, and the review of polypharmacy. This training should include strategies to support shared decision-making by ensuring patients and their families are fully informed of the risks and benefits of psychiatric medications at initiation, maintenance, and discontinuation. Training must also ensure providers educate individuals about and facilitate access to appropriate evidence-based non-pharmacological interventions, including dietary modification, lifestyle changes, and psychotherapy.

# Eligibility

## Eligible Applicants

Eligibility is statutorily limited by **Section 561 [290ff](a)(2)** of the Public Health Services Act.

Eligible applicants are:

- State governments. The District of Columbia, 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 are also eligible to apply.
- Governmental units within political subdivisions of a state (e.g., county, city, town).
- Any Indian tribe or tribal organization (as defined in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act).

**NOTE:** State applicants must identify at least two local jurisdictions within the state where required activities will be implemented. If you are a previous CMHI grant recipient, you cannot select local jurisdictions that were served in your CMHI project.

**NOTE** Grant recipients funded under NOFO SM-23-013 in either FY 2023 or FY 2024 are not eligible to apply under this NOFO. Please refer to **Appendix A** for complete list of ineligible grant recipients.

If a state applicant identifies a political sub-division (e.g., local jurisdiction) to implement the project and that entity submits a separate application, SAMHSA will review and score both applications. If both applications are in the fundable range, the application with the higher priority score will be funded.

**Political sub-divisions only:** In **Attachment 11**, submit official documentation (e.g., statutory language, official public records) to verify your status as a political sub-division of the state.

For other factors that will disqualify an applicant, see **application review**.

At least three awards will be made to tribes/tribal organizations pending adequate application volume.

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

## Cost Sharing

This program requires cost sharing/match under Section 561 - 565 of the Public Health Service Act, as amended. You must provide matching non-federal funds (directly or through donations from public or private entities) that are no less than $1 for each $3 of federal funds provided in the award in years 1, 2, and 3. In Year 4, you must provide non-federal funds that are no less than $1 for every $1 of federal funds provided in the award. Cost-sharing/match funds must go toward the costs of approved project activities. For more information on cost-sharing, see **FAQs**.

## Data Collection, Performance Measurement, and Performance Assessment

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

You must collect and report on selected program-specific indicators in SAMHSA's Performance Accountability and Reporting System (SPARS) on a quarterly basis. The data collection and reporting tool and related guidance will be provided post-award.

1. The number of individuals (clients or family members) reached with education and/or

prevention on mental health.

2. The number of individuals (clients or family members) contacted through program outreach efforts.
3. The number of children, youths, and young adults screened for mental health or related interventions.
4. The number of children, youths, and young adults who screened positive for needing mental health or related interventions.
5. The number of children, youths, and young adults referred to mental health or related services.
6. Number of children, youths, and young adults who received mental health services, grouped by race and ethnicity, sex, and age.
7. Number of children, youths, and young adults who received case management, care coordination, or person or family-centered treatment planning.
8. Number of children, youths, and young adults who received behavioral health crisis services, including suicide prevention.
9. Number of children, youths, and young adults who received support services that assist with recovery and resilience.
10. Number of individuals (clients or family members) who received individual advocacy or consultation.

The following program-specific data is required to be collected and included in your annual programmatic progress reports:

1. A list of providers, partners, and collaborators who are part of the SOC.
2. Results of an annual survey of families and clients on perception of care and behavioral health outcomes.

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.

## Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress towards relevant goals. Recipients 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. 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, Evidence-Informed, and Community-Defined Practices

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

## Cooperative Agreement Requirements

These awards are being made as cooperative agreements because they require substantial post-award federal staff participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of your organization and SAMHSA staff are:

Your organization must:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Attend and take part in monthly calls with SAMHSA staff.
- Attend and take part in virtual meetings.

SAMHSA staff roles:

Your **Government Project Officer (GPO)** is responsible for program monitoring, providing technical assistance and conducting site visits. Your GPO will work with you on implementing program and evaluation activities and make recommendations about program continuance.

SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance and consultation.
- Review and approve performance data and performance progress reports.
- Review and approve publication of project results.
- Review or approve one stage of a project before work may begin on a later stage during a current approved project period.

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

## SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider **SAMHSA's Strategic Priorities**, which includes recovery, a commitment to innovation, data, gold-standard science, and access to high quality services for all, which align with the Administration's **Make America Healthy Again Commission**. In addition, there are other expectations included in *Section I* in the *Application Guide* that you must consider as you design your project.

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. **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.
7. **Parental Rights and Family Engagement:** Engage and empower parents and caregivers in decision-making related to the care and support their children receive, protecting parental rights and ensuring maximum transparency.

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.

## Recipient Meetings and Technical Assistance

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

We plan to hold one grantee meeting during the project period, either virtual or in-person, and your full participation in these meetings is expected. You must send a maximum of four people, including the Project Director and Lead Family Coordinator.

A detailed budget and budget narrative for in-person travel costs must be included in the budget you submit with your application. For budgeting purposes, these meetings are usually held in the Washington, D.C., metropolitan area for up to three days. You will be given more information about these meetings at a future date.

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 an allowable expense[7] in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than $10.00 per client per day.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- 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.
- Per Section 564(e) of the Public Health Service Act, no more than two percent of grant funds can be used for administrative expenses by the recipient.
- Per Section 562(d)(1)(B) of the Public Health Service Act, award funding and non-Federal contributions cannot be used to pay for costs of providing non-mental health services to an individual (i.e., providers of medical services, educational services, vocational counseling and vocational rehabilitation, protection, and advocacy services).
- Per Section 562(f) of the Public Health Service Act, funding and any non-Federal contributions **cannot** be used for the following:
    - Purchase or improvement of property
    - Room and board in residential programs serving 10 or fewer children.
    - Room and board or other services for the care of children in residential treatment centers serving more than 10 children OR inpatient hospital settings, except intensive home-based services and other services provided on an ambulatory or outpatient basis.
    - Training of individuals except for trainings related to (1) the administration of the SOC; (2) the development of individualized service plans; (3) the provision of intensive home-based services, intensive day treatment services, and foster care or group home services; and (4) continuing education that is less than two days.

[7] 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.

- 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 or promote anti-American values.

- Discretionary awards must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction.

- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

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

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

# 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 care able to provide the required services quickly and effectively. All required activities must be provided by you directly, by subrecipients, or through referrals to partnering agencies.

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

1. A services provider for mental health services must be involved in the project. The provider may be your organization, or another organization committed to the project as demonstrated by an LOC that states their commitment to that service provision.

2. Each mental health provider organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents (such as licensure or certification) must show that the organization has provided relevant services for the last two years.

3. Each service provider must follow all applicable local (city or county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

You must also submit in **Attachment 10: Statement of Certification,** a written statement, certifying that:

- Each mental health services provider must have at least two years of experience (as of the due date of the application) providing relevant services to children, youth, young adults with a SED. Official documents (e.g., licensure, certification) must show that this organization has provided relevant services during the past two years.
- Each mental health provider must follow all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

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. **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-26-013.

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 | 15 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 | 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 Single Point of Contact | None |
| ☐ 8. Documentation of nonprofit status | None |
| ☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable | None |
| ☐ 10. Statement of Certification | None |
| ☐ 11. Documentation of Political Sub-Division Status | None |

### Other required forms

Use each required form in Grants.gov or eRA.

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

# Application Contents and Format

This section includes guidance on each item found in the application checklist.

The following links contain information on:

- **Formatting instructions and information on system validation requirements**
- **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, and
- 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:** 15 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 15-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: Letter(s) of Commitment (LOC)/Service Providers/Evidence of Experience and Credentials

1. Identification of at least one experienced, credentialed mental health provider organization.
2. A list of all direct service provider organizations that will partner in the project, including the applicant agency if it is a service provider organization.
3. LOCs from these direct service provider organizations. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project.

## 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 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 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: Statement of Certification

You must provide a written statement, certifying that:

- Each mental health services provider must have at least two years of experience (as of the due date of the application) providing relevant services to children, youth, young adults with a SED. Official documents (e.g., licensure, certification) must show that this organization has provided relevant services during the past two years.
- Each mental health provider must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

### Attachment 11: Documentation of Political Sub-Division Status.

All political sub-division applicants must submit official documentation (e.g., statutory language, official public records) to verify status as a political sub-division of the state.

## 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: 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 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 required,** use the second row (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

  **Section B –** Budget Categories:
  - As cost sharing/match **is required**, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

  **Section C –** Non-Federal Resources:
  - As cost sharing/match **is required,** use the second row (line 9) to report non-federal match for the **first year** only.

  **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, 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 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 15-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 15 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 (10 points – approximately 1 page)**

1. Identify the community(ies)/locality(ies) in which the system(s) of care will be established and services delivered and describe why these communities were selected.
2. Describe the population of the children and youth with SED you will serve in terms of sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare), which may

include children at risk, in the selected community where services will be delivered. 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.

3. Describe why there is a need for this project, including any gaps in each of the required mental health services. The need for the project should include the prevalence of mental health conditions and related needs in the selected system of care community (e.g., suicide rates, untreated mental health conditions). The data sources must be identified (e.g., the **National Survey on Drug Use and Health (NSDUH)**). (Note: If needed, citations may be included in **Attachment 12** of the application and will not count towards the page limit.)

**B: Proposed implementation approach (30 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 Statement of Need in A.3. Provide the following table:

| | | | | | |
|---|---|---|---|---|---|
| | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Total** |
| Number of unduplicated children, youth, or young adults who will receive case management/care coordination | | | | | |
| Number of unduplicated children, youth, or young adults who will receive mental health services | | | | | |

2. Describe how you will implement all the **required activities** and selected allowable activities.

   **NOTE**: **For tribes, tribal organizations, and territories only**, if you are requesting to waive one or more of the required services, indicate which services you are requesting

to waive and justify how your system of care will remain family-centered and uses the least restrictive environment that is clinically appropriate without these services.

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 (i.e., Step 1 required activities), and responsible staff. You must indicate service delivery will begin within nine months. The timeline does not count towards the page limit for the Program Narrative.

**C: Proposed evidence-based practice (EBP), evidence-informed practices (EIP), and/or community-defined practice (CDP) (25 points – approximately 4 pages)**

1. Identify the evidence-based practices (EBPs) that you will use to implement screening (Required Activity #4), mental health services (Required Activity #5), supportive services (if applicable) (Allowable Activity #4) and case management (i.e., tiered, or intensive care coordination) (Required Activity #7). Discuss how each intervention chosen is appropriate for children, youth, and young adults with a SED.
2. Describe any modifications you will make to the EBPs and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.
3. Describe how you will ensure the fidelity of the selected EBP(s)/practice(s) that will be implemented. For more information about monitoring fidelity, see Fidelity Monitoring Tip Sheet.

**D: Organizational experience and staffing (20 points – approximately 3 pages)**

1. Describe the experience of your organization in developing systems of care for children, youth, and young adults with a SED, which may include children at risk, and their families.
2. Identify any organization(s) you will partner with (i.e., each cross-system partner, and mental health provider(s)). For each, include a description of their experience providing services to the individuals you plan to serve and their specific roles and responsibilities for this project. **[NOTE**: Letters of commitment from each cross-system organization must be included in Attachment 1.]
3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director**,** Lead Family Coordinator, 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 the individuals to be served.

**E: Data collection and performance measurement (15 points – approximately 2 pages)**

1. Describe how you will collect the required data for this project across the system of care.

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.

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

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

- Submission of any required documentation that must be received prior to making an award.
- Grant recipients that received funding under NOFO SM-23-013 in either FY 2023 or FY 2024 are not eligible to apply under this NOFO.
- At least 3 awards will be made to tribes/tribal organizations pending sufficient application volume.

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.
- 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 April 20, 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 SAMSHA and Administration priorities and policies. Grant programs that fail to align with these may be subject to termination.

## Reporting Requirements

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

Recipients are required to submit an annual Programmatic Progress Report (PPR) in Years 1 through 3 and a cumulative Final Progress Report (FPR) in Year 4. The annual progress report is due within 90 days of the end of each budget period. You must use the OMB-approved Excel **Programmatic Progress Report (PPR)** template for your program.

The FPR is due within 120 days after the end of the project period. The final report must be cumulative and include all activities during the entire project period.

The **programmatic progress report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives and implementing evaluation activities;

- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Problems encountered serving the populations of focus and efforts to overcome them;
- Success stories; and
- Program specific measures (PSM), including:
    - Organizations/providers who are part of the SOC;
    - Number of family members surveyed and number of family members reporting positively about perception of care and long-term outcomes; and
    - Number of clients experiencing positive long-term outcomes.

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

# Appendix A – List of Ineligible CMHI Applicants

| Grant Number | Organization Name | State | NOFO |
|---|---|---|---|
| SM087734 | ALASKA STATE DEPARTMENT OF HLTH-SOC SVCS | AK | SM-23-013 |
| SM087735 | FAIRBANKS NATIVE ASSOCIATION | AK | SM-23-013 |
| SM089684 | MANIILAQ HEALTH CENTER | AK | SM-23-013 (FY 2024) |
| SM087666 | YUKON-KUSKOKWIM HEALTH CORPORATION | AK | SM-23-013 |
| SM089687 | PASCUA YAQUI TRIBE | AZ | SM-23-013 (FY 2024) |
| SM089686 | SAN CARLOS APACHE TRIBAL COUNCIL | AZ | SM-23-013 (FY 2024) |
| SM089698 | COLORADO STATE DEPT OF HUMAN SERVICES | CO | SM-23-013 (FY 2024) |
| SM087727 | CONNECTICUT DEPARTMENT CHILDREN/FAMILIES | CT | SM-23-013 |
| SM089675 | COUNTY OF BREVARD | FL | SM-23-013 (FY 2024) |
| SM087730 | COUNTY OF BROWARD | FL | SM-23-013 |
| SM087690 | KIDS HOPE ALLIANCE | FL | SM-23-013 |
| SM087701 | GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD) | GA | SM-23-013 |
| SM087938 | GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER | GU | SM-23-013 |
| SM089668 | HAWAII STATE DEPARTMENT OF HEALTH | HI | SM-23-013 (FY 2024) |
| SM089681 | COUNTY OF LAWRENCE HEALTH DEPARTMENT | IL | SM-23-013 (FY 2024) |
| SM087722 | COUNTY OF MC LEAN | IL | SM-23-013 |
| SM089703 | EGYPTIAN HEALTH DEPARTMENT | IL | SM-23-013 (FY 2024) |
| SM089704 | COUNTY OF ELKHART | IN | SM-23-013 (FY 2024) |
| SM087698 | KY ST CABINET/HEALTH/FAMILY SERVICES | KY | SM-23-013 |
| SM087702 | BOSTON PUBLIC HEALTH COMMISSION | MA | SM-23-013 |
| SM089682 | CAMBRIDGE HEALTH ALLIANCE | MA | SM-23-013 (FY 2024) |
| SM087680 | PRINCE GEORGE'S COUNTY | MD | SM-23-013 |

| Grant Number | Organization Name | State | NOFO |
|---|---|---|---|
| SM089669 | OTTAWA COUNTY COMMUNITY MENTAL HEALTH | MI | SM-23-013 (FY 2024) |
| SM089685 | COUNTY OF RAMSEY | MN | SM-23-013 (FY 2024) |
| SM089674 | PACT 4 FAMILIES COLLABORATIVE | MN | SM-23-013 (FY 2024) |
| SM087676 | RED LAKE BAND OF CHIPPEWA INDIANS | MN | SM-23-013 |
| SM087719 | CITY OF SAINT LOUIS MENTAL HEALTH BOARD | MO | SM-23-013 |
| SM089700 | COMMONWEALTH HEALTHCARE CORPORATION | MP | SM-23-013 (FY 2024) |
| SM089663 | COMMUNICARE | MS | SM-23-013 (FY 2024) |
| SM087679 | COMMUNITY COUNSELING SERVICES, INC. | MS | SM-23-013 |
| SM089690 | HINDS COUNTY MENTAL HEALTH COMMISSION | MS | SM-23-013 (FY 2024) |
| SM087695 | TIMBER HILLS REGION IV MENTAL HEALTH MENTAL RETARDATION COMMISSION INC | MS | SM-23-013 |
| SM089667 | MISSOULA CITY-COUNTY HEALTH DEPARTMENT | MT | SM-23-013 (FY 2024) |
| SM087732 | NC STATE DEPT/HLTH & HUMAN SERVICES | NC | SM-23-013 |
| SM089702 | VAYA HEALTH | NC | SM-23-013 (FY 2024) |
| SM087671 | CONCORD SCHOOL DISTRICT | NH | SM-23-013 |
| SM089670 | COUNTY OF CHESHIRE | NH | SM-23-013 (FY 2024) |
| SM087736 | NAMBE PUEBLO GOVERNOR'S OFFICE | NM | SM-23-013 |
| SM087706 | COUNTY OF CLARK | NV | SM-23-013 |
| SM089697 | DIVISION OF CHILD AND FAMILY SERVICES | NV | SM-23-013 (FY 2024) |
| SM087664 | CHAUTAUQUA COUNTY DEPARTMENT OF MENTAL HYGIENE | NY | SM-23-013 |
| SM087699 | COUNTY OF HERKIMER | NY | SM-23-013 |
| SM087709 | CAYUGA COUNTY MENTAL HEALTH CENTER | NY | SM-23-013 |
| SM089666 | COUNTY OF CORTLAND | NY | SM-23-013 (FY 2024) |
| SM089694 | ONONDAGA COUNTY MENTAL HEALTH DEPARTMENT | NY | SM-23-013 (FY 2024) |
| SM087689 | OHIO STATE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES | OH | SM-23-013 |

| Grant Number | Organization Name | State | NOFO |
|---|---|---|---|
| SM087733 | MENTAL HEALTH AND ADDICTION SERVICES, OHIO DEPARTMENT OF | OH | SM-23-013 |
| SM089695 | MENTAL HEALTH & RECOVERY SERVICE | OH | SM-23-013 (FY 2024) |
| SM089701 | MENTAL HEALTH AND RECOVERY BOARD OF UNION COUNTY | OH | SM-23-013 (FY 2024) |
| SM089693 | CITY OF EDMOND OKLAHOMA | OK | SM-23-013 (FY 2024) |
| SM087674 | TULSA, CITY OF | OK | SM-23-013 |
| SM087694 | DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITIES SERVICES | PA | SM-23-013 |
| SM089677 | COUNTY OF ALLEGHENY | PA | SM-23-013 (FY 2024) |
| SM089688 | COUNTY OF BEAVER | PA | SM-23-013 (FY 2024) |
| SM089699 | COUNTY OF LUZERNE | PA | SM-23-013 (FY 2024) |
| SM089673 | SINTE GLESKA UNIVERSITY | SD | SM-23-013 (FY 2024) |
| SM089696 | EL PASO COMMUNITY MHMR | TX | SM-23-013 (FY 2024) |
| SM089672 | COUNTY OF BEXAR | TX | SM-23-013 (FY 2024) |
| SM087731 | HOUSTON, CITY OF | TX | SM-23-013 |
| SM087713 | DALLAS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER, INC. | TX | SM-23-013 |
| SM089676 | UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES | UT | SM-23-013 (FY 2024) |
| SM087718 | PRINCE WILLIAM, COUNTY OF | VA | SM-23-013 |
| SM089689 | EDUCATIONAL SERVICE DISTRICT 112 | WA | SM-23-013 (FY 2024) |
| SM089662 | CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION | WA | SM-23-013 (FY 2024) |
| SM087728 | MILWAUKEE COUNTY DHS-BEHAVIORAL HEALTH DIVISION | WI | SM-23-013 |
| SM087677 | WEST VIRGINIA STATE DEPT HLTH/HUMAN RSCS | WV | SM-23-013 |