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: Preventing Youth Overdose: Treatment, Recovery, Education, Awareness and Training

Short Title: PYO-TREAT

NOFO Number: TI-26-017

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Preventing Youth Overdose: Treatment, Recovery, Education, Awareness and Training

Short Title: PYO-TREAT

Opportunity Number: TI-26-017

Announcement Version: Original

Federal Assistance Listing: 93.490

Eligible Applicants: Eligible applicants statutorily limited (per 42 U.S.C. 290bb-7a). See **Eligibility** for complete eligibility information.

Key Dates

Application deadline: **July 16, 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

The PYO-TREAT program is authorized under **42 U.S.C. 290bb-7a**.

Agency Contacts

Program and Eligibility Questions

Arianna Douglas
Center for Substance Abuse Treatment
240-276-1600
PYOTREAT@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1400
NOFOBudget.CSAT@samhsa.hhs.gov

Review Process and Application Status Questions

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

Summary

The purpose of this program is to improve local awareness among youth and young adults of the risks associated with fentanyl and provide youth and young adults with opioid use disorder (OUD) and other substance use disorder (SUD) prevention, treatment and recovery support services. This includes the following services for youth and young adults: the primary prevention of substance misuse including education on synthetic opioids and emerging drugs; expanding screening and diagnosis for OUD and other SUD; delivery of treatment or referrals to treatment for OUD and other SUDs, which may include the use of medications for opioid use disorder (MOUD) and other medications for substance use disorder (MSUD); provision of recovery support services; and training of healthcare providers, families, and school personnel on best practices for supporting youth with OUD and other SUD including those taking MOUD and other MSUD.

Your organization is expected to:

- Increase community education and awareness of the risk of fentanyl and other synthetic opioids and provide primary OUD and other SUD prevention to youth and young adults,

- Provide education and training activities to healthcare providers, families, faith-based organizations, and school personnel to improve understanding of OUD and other SUD including education and training on MOUD and other MSUD for youth,
- Provide OUD and other SUD treatment and recovery support services that improve youth and young adults' access to MOUD and other MSUD, and
- Provide opportunities for clinician education and training on safe and effective prescribing of MOUD and other MSUD for youth.

With this program, SAMHSA aims to address the overdose crisis that continues to adversely affect youth and has led to numerous preventable deaths. 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: $2,700,000

Estimated Number of Awards: 6 awards

Estimated Award Amount: Up to $450,000 per year per award

Length of Project Period: Up to 3 years

Your annual budget cannot be more than $450,000 ceiling amount 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 improve local awareness among youth and young adults of the risks associated with fentanyl and provide youth and young adults with OUD and other SUD prevention, treatment and recovery support services. The funding is intended to save lives among youth (ages 10-18) and young adults (ages 19-25) by expanding access to early intervention and evidence-based prevention, treatment, medication, and recovery support services for OUD and other SUD. It also aims to reduce barriers to treatment and recovery access through community, practitioner, and family education that promotes awareness of positive health outcomes and enhanced recovery among youth and young adults receiving treatment for OUD and other SUD.

Drug overdose deaths among adolescents increased during the COVID-19 public health emergency, becoming the third leading cause of death in 2022.[1] By the second half of 2023, the number of adolescent opioid-related overdose fatalities had decreased. Although these findings represent the first decrease in drug overdose fatalities in recent years, they remain more than twice as high as the number of adolescent overdose fatalities before the pandemic (708 deaths in 2023 vs. 282 deaths in 2019, Figure 1).[2] The 2024 **National Survey on Drug Use and Health** found that a corresponding estimated number of people who misused fentanyl in the past year were 41,000 adolescents aged 12 to 17, 119,000 young adults aged 18 to 25, and 656,000 adults aged 26 or older. [3] Use and misuse of alcohol, tobacco products and drugs other than opioids also remains a challenge.

Through increasing community awareness, education, and partnering with coalitions and faith-based organizations, the PYO-TREAT initiative will ensure that individuals have access to evidence-based treatment, including life-saving FDA-approved opioid overdose reversal medications (OORMs) and MOUD.

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, whether or not their salaries are paid by this grant, must play

[1] During the Pandemic, Drug Overdoses Became the Third Leading Cause of Death for U.S. Adolescents
[2] Teens, Drugs, and Overdose: Contrasting Pre-Pandemic and Current Trends
[3] Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health

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 is as follows:

- **Project Director (PD):** The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed.
- The PD must have a **Level of Effort of 100%** of a full-time equivalent (FTE) position (1.0 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.
- 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% or more

Required Activities

Funds for this program are primarily for providing services to clients. These services must begin within **four (4) months** after receiving the award.

In the Project Narrative, you will provide the following:

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

Nothing in the required or allowable activities described below allows 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:

- Educate on the prevention of substance misuse by children, adolescents, and young adults, which may include primary prevention and strategies to increase education and awareness of the potency and dangers of synthetic opioids (including drugs contaminated with fentanyl) and, as appropriate, emerging drug use or misuse issues.

- Conduct initial and periodic youth and young adult screening and assessments for substance use disorders.
- Develop and implement community awareness activities around fentanyl, emerging drugs, and drugs of interest/prevalence in the community.
- Provide individualized treatment planning, overdose reversal education, opioid overdose reversal medications (OORM) distribution, return to use prevention counseling, and recovery support services.
- Provide MOUD and other MSUD and recovery supports to youth and young adults as clinically indicated.
- Increase access to youth and young adult OUD and other SUD treatment and recovery support services, including MOUD and other MSUD.
- Provide counseling and recovery support services and coordination of care for all SUD.
- Develop an in-house pharmacy or a Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) with an external pharmacy to dispense MOUD.
- Partner with an in-house or external physician or licensed prescriber to provide MOUD and other MSUD and treatment services for youth and young adults.
- Connect to psychoeducation groups that educate youth, young adults and their families/caregivers about evidence-based treatment such as MOUD and other MSUD, as well as other OUD and other SUD treatment and recovery support services.
- Provide wraparound services that can address barriers to care, such as transportation, access to healthcare, family counseling, educational services, vocational services, housing assistance, financial counseling, and assistance with legal issues.
- Deliver treatment-based services, and/or overdose prevention services.
    - Conduct on-site or by referral prevention education, screening and testing for infectious diseases associated with SUD, including HIV, viral Hepatitis (Hepatitis B, HBV and Hepatitis C, HCV), bacterial Sexually Transmitted Infections (STIs, including gonorrhea, chlamydia, and syphilis) and latent tuberculosis infection (LTBI) following clinical guidelines.
    - For people that test positive for HIV, HBV, HCV, STIs, and/or LTBI, you must provide or refer and confirm linkage to treatment services. (See **Funding Restrictions and Limitations** section below for information about the purchase of medication to treat infectious diseases.)

- For people that test negative for HIV but are at increased risk of getting HIV, provide education and referral as necessary to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

- Provide peer recovery support services (PRSS) by youth, if possible. PRSS are designed and delivered by individuals in recovery from SUD or COD. (See SAMHSA's **Recovery and Recovery Support page** for additional information.)
  - These services may include counseling, job training, linkages to community-based services, family support groups, peer-to-peer support, and recovery coaching.
  - Provide care coordination across other service delivery providers or systems (e.g., mental health, public health, justice system, child welfare, and schools).
  - Implement activities that build connectedness and protective factors by facilitating youth engagement with community-based and faith-based organizations that promote health, information-sharing, outreach, youth empowerment coaching, and peer-to-peer education such as Boys and Girls Clubs, Big Brothers, Big Sisters, 4-H programs, Scouting America, Girl Scouts, YMCAs and others.
  - These partnerships and collaborations should enhance existing services and spur community efforts to improve behavioral and physical health outcomes among youth, young adults, and families.
- Provide education and training activities for families and school personnel to improve their understanding of OUD and other SUD including MOUD and other MSUD for youth and young adults including:
  - Current training on OUD and other SUD treatment including the use of medications and withdrawal management.
  - Use of FDA-approved MOUD and other MSUD for youth and young adults.
  - Current risk factors, screening considerations, and diagnostic criteria for SUD, including an overview of SUD as a chronic disease.
  - Patient monitoring and the administration of OORMs.
  - Basics of identifying and treating co-occurring physical and mental health disorders.
  - Recovery support service approaches include use of non-stigmatizing language, trauma-informed care principles, and motivational enhancement strategies.
- Develop and implement outreach and engagement activities, and strengthen referral pathways to community-based organizations, including faith-based organizations and twelve-step recovery communities.
- Provide opportunities for clinician education and training on safe and effective prescribing of MOUD and other MSUD for youth by collaborating with SAMHSA's Providers Clinical Support System – Substance Use Disorder Treatment (PCSS-SUD). Refer to **https://pcssnow.org** for more information.

- Education and training should be offered by an accredited training entity that has knowledge, experience, and competence in the care of youth with opioid use disorder.

- Provide brief intervention to promote a tobacco-free lifestyle for youth and young adults which may include offering Nicotine Replacement Therapy (NRT) options, such as patches, gum, and lozenges, to all individuals enrolled in services who have tobacco use disorder and no contraindications based on consultation with a health professional.

Allowable Activities

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

- Provide sober/recovery housing consistent with **SAMHSA's Best Practices for Recovery Housing**. Sober/recovery housing must allow for U.S. Food and Drug Administration-approved medications, including medications for opioid use disorders and/or alcohol use disorders and co-occurring mental health disorders.
- Provide Hepatitis A and Hepatitis B vaccinations as medically necessary.
- Develop partnerships with other providers for service delivery and with stakeholders serving the population of focus.
- Train workforce and provide workforce development to help your staff and other providers in the community identify mental health and substance use issues and provide services consistent with the purpose of the program.
- Develop policy to support needed service system improvements (e.g., rate setting activities, establishment of standards of care, development or revision of credentialing, licensure, or accreditation requirements).
- 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, 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.
- 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

Eligible applicants are statutorily limited[4] (per **42 U.S.C. 290bb-7a**) to:

- A local educational agency, or a consortium of local educational agencies, that is seeking to establish or expand substance use prevention or recovery support services at one or more secondary schools;
- A State educational agency;
- An institution of higher education (or consortia of such institutions), which may include a recovery program at an institution of higher education;
- A non-profit organization with appropriate expertise in providing services or programs for children, adolescents, or young adults, excluding a school;
- A local board or one-stop operator;
- A State, political subdivision of a state, Indian Tribe, or Tribal organization; or
- A high school or dormitory serving high school students that receives funding from the Bureau of Indian Education.

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

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.

[4] Definitions for these terms can be found here: **42 USC 290bb-7a: Youth prevention and recovery**

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 report data in SAMHSA's Performance Accountability and Reporting System using approved SAMHSA's performance measurement tools. You can visit **SAMHSA's Performance Measures** webpage to view the performance measurement tools. Data collection and reporting tools and related guidance will be provided post award.

You must report *client-level* data and administrative data. The client-level data tool collects self-reported survey data from program participants and grantee-reported administrative data about the services provided. Data must be entered in SPARS no later than 30 days after collection and must be collected at the following points:

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

You must collect and report selected indicators on a quarterly basis. The following grantee-level indicators have been selected for this project:

1. Overdose Prevention
2. Partnership/Collaboration
3. Prevention and Education
4. Representation
5. Screening Referral Access (SRAC)

The data you collect allows SAMHSA to report on key outcome measures. Performance data may be reported to the public.

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

Performance Assessment

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

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

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

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

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider **SAMHSA's Strategic Priorities**, which includes recovery, a commitment to innovation, data, gold-standard science, and access to evidence-based services, 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. **Prevention of Substance Use and Addiction:** Prevent substance misuse and addiction, particularly among youth, recognizing the link between early substance use and long-term health consequences, chronic disease, and mental illness.
5. **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, substance use disorder, and/or co-occurring substance use and mental health disorders, through access to evidence-based treatment.
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.

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

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

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

Recipient Meetings and Technical Assistance

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

We plan to hold virtual grant meetings and your full participation in these meetings is expected. You will be given more information about these meetings at a future date. If SAMHSA elects to hold an in-person meeting, budget revisions may be permitted.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense [5] 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.
- Sober/recovery housing is an allowable cost. However, funds may not be used to pay for non-recovery housing, housing application fees, or housing security deposits.
    - Sober/recovery housing must allow for U.S. Food and Drug Administration-approved medications, including medications for opioid use disorders and/or alcohol use disorders.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:

[5] 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.

    - racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation;
    - denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic;
    - illegal immigration; or
    - any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in **SAMHSA's Dear Colleague Letter** on harm reduction.
- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.
- Grant funds may not be used to purchase:
    - Medications to treat HIV, HBV, HCV, tuberculosis.
    - Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) for HIV.

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's Strategic Priorities. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

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 are 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. The services provider for substance use disorder treatment or behavioral health – which includes both mental health and substance use 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 behavioral health/substance use disorder treatment (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 be in compliance with all applicable local (city or county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. An individual's license cannot be used. Tribes and tribal organization mental health/substance use disorder treatment, recovery support 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: TI-26-017.

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

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
☐ Project abstract	Project Abstract Summary Form.	1 page
☐ Project narrative	Project Narrative Attachment form	10 pages
☐ Budget narrative	Budget Narrative Attachment form	None

Attachments

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

Component	Page limit
☐ 1. Letters of commitment, if applicable	None
☐ 2. Data collection instruments and interview protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	2 pages

Component	Page limit
☐ 5. Biographical sketches and position descriptions	1-2 pages
☐ 6. Confidentiality and SAMHSA Participant Protection	None
☐ 7. Letter to the State Point of Contact	None
☐ 8. Documentation of nonprofit status	None
☐ 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None
☐ 10. Charitable Choice Form	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, and
- Measurable objectives and outcomes (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 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/Statement of Assurance

1. Identification of at least one experienced, credentialed substance use and co-occurring disorder treatment 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.
4. Statement of Certification: You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.
5. Statement of Assurance: Applicants must provide a written statement assuring their participation in a required evaluation reporting on the impact the program has made on the intended outcomes.

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 **3** 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: Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.

You must complete Form **SMA 170** if your project is providing substance use prevention or treatment services.

Other Required Forms

You will need to complete some standard forms. Upload the following standard forms as listed on Grants.gov. You can find them in the NOFO **Application Package** or review them and their instructions at **Grants.gov Forms**.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Assurances for Non-Construction Programs (SF-424B)	With application
Project/Performance Site Location(s) Form	With application
Grants.gov Lobbying Form	With application

- **SF-424** – Fill out all sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
  - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization's **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization's EIN.
  - In **Line 8f**, enter the name and contact information of the PD identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date), enter: a. Start Date: 09/30/2026; b. End Date: 09/29/2029.
  - **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

  It is recommended you review the sample of a **completed SF-424**.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
  Section A – Budget Summary:

- As cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

Section B – Budget Categories:

- As cost sharing/match is **not required,** use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

Section C – Non-Federal Resources:

- As cost sharing/match is **not required,** leave this section blank.

Section D – Forecasted Cash Needs:

- Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.
- Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:

- Enter the total funds requested for the out years (e.g., Year 2, and Year 3). For example, if funds are being requested for three years total, enter the requested budget amount for each of those budget periods in columns b and c (i.e., two years):

  (b) First column is the budget for the second budget period;

  (c) Second column is the budget for the third budget period;

  Use Line 16 for federal funds and Line 17 for non-federal funds.

See **Formatting Requirements** to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

It is highly recommended you use the Budget Template on the SAMHSA website. See the **Budget Template Users Guide** and the sample completed SF-424A forms at **Sample SF-424A (Match Not Required). For additional information, see *Section F* in the *Application Guide* and Budget Related FAQs.**

Step 4: Learn About Review and Award

Application Review

Initial Review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the **deadline**.
- Exceeds the 10-page limit for the Project Narrative.

Merit Review

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

- The Project Narrative cannot be longer than 10 pages.
- There are up to five sections (Sections A-E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion.**
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Population of focus and need statement (10 points – approximately 1 page)

1. Identify the individuals you will serve and the geographic catchment area where you will deliver services.
2. Describe the populations of focus in terms of age, sex (male/female), socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare). This should include a description of populations of

focus that will likely benefit from the service provided. 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 service gaps and differences in access to or provision of services. Current prevalence rates or incidence data must be used to document the need. The data sources must be identified (e.g., **National Survey on Drug Use and Health (NSDUH)**). (**NOTE:** Citations may be included in an attachment and will not count towards the page limit.)
4. Describe the impact of substance use disorders in the population that will be served by the grant.
5. Describe how you have solicited input from relevant stakeholders, which may include faculty, teachers, staff, families, students and experts in substance use disorder prevention, treatment, and recovery in the development of your program.

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:

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

2. Describe how you will implement all the **required activities** and selected allowable activities.
3. Describe how your proposed implementation approach will address **SAMHSA Strategic Priorities**.
4. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire **3** 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.
5. Describe a plan to sustain the activities carried out under this grant program after the grant program has ended.

6. Identify how you will collaborate with relevant partners, which may include State educational agencies, local educational agencies, institutions of higher education, juvenile justice agencies, prevention and recovery support providers, local service providers, including substance use disorder treatment programs, providers of mental health services, youth serving organizations, family and youth homeless providers, child welfare agencies, and primary care providers, in carrying out the grant program.

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

1. Identify the EBP(s), and/or EIP(s), that you will use. Discuss how each intervention chosen is appropriate for the individuals you will serve.

2. Describe any modification(s) you will make to the EBP(s), and/or EIP(s), and the reasons the modification(s) are necessary. If you are not proposing to make any modification(s), indicate so in your response.

3. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. For more information about monitoring fidelity, see **Fidelity Monitoring Tip Sheet**.

D: Organizational experience and staffing (15 points – approximately 1 page)

1. Describe your organization's experience with similar projects and/or providing services to the population(s) of focus.

2. Identify any organization(s) you will partner with. 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: LOCs from each partnering 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 at 1.0 FTE**). For each, describe their:
    - Role;
    - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time); and
    - Qualifications, including their experience providing services to the individuals to be served.

E: Data collection and performance measurement (20 points – approximately 1 page)

1. Describe how you will collect the performance measures and measurable objectives data for this project, which will measure the success and progress towards your goals

2. Describe how you will use the data to manage, monitor, and enhance the program (see **Developing the Plan for Data Collection and Performance Measurement**).

Risk Review

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

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

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

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

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

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.
- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with **SAMHSA's Strategic Priorities**. To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA Strategic Priorities will not receive funding.

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

- When the individual award is over $250,000, approval by the Center for Substance Abuse Treatment National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be received 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

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 July 16, 2026.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in ***Section A*** in the *Application Guide***.**
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

You will need to submit application information for intergovernmental review under **Executive Order 12372**. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. For more information, see ***Section J*** in the *Application Guide*.

This requirement does not apply to states or American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's **standard terms and conditions** on our website.
- The regulations at **2 CFR Part 200** — Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS **Grants Policy Statement** (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in **HHS Administrative and National Policy Requirements**. See ***Section H*** in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in **2 CFR 200.340(a)(4)**.

Reporting Requirements

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

Recipients are required to submit a semi-annual Programmatic Progress Reports at six months and at 12 months in Year 1, then an annual report in the subsequent years. The progress report at six months is due within 30 days of the end of the second quarter. The annual 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 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.
- Progress on how grant funds were utilized to include the number of children, adolescents, and young adults reached through programming.
- Progress on the impact the program has made on the intended outcomes and goals to include:
    - Indicators of student success in academic achievement and well-being.
    - Substance use disorders amongst children, adolescents, and young adults, including the number of overdoses and deaths amongst children, adolescents, and young adults served by the grant during the grant period.

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

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