Notice of Funding Opportunity

Application due Monday, July 13, 2026

SAMHSA
Substance Abuse and Mental Health Services Administration

Screening, Brief Intervention, and Referral to Treatment

Opportunity number: TI-26-005

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, July 13, 2026.

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

Step 1:
Review the Opportunity

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Basic Information

Substance Abuse and Mental Health Services Administration (SAMHSA)

Important Resources

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 SBIRT program is authorized under Section 509 of the Public Health Service Act, as amended (42 U.S.C 290bb-2).

Agency Contacts

Program and Eligibility Questions

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Financial and Budget Questions

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Review Process and Application Status Questions

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Key Facts

Opportunity Name: Screening, Brief Intervention and Referral to Treatment

Short Title: SBIRT

Opportunity Number: TI-26-005

Announcement Version: Original

Federal Assistance Listing: 93.490

Eligible Applicants: States, political subdivisions of states, and domestic public and private nonprofit entities, including faith-based organizations. See Eligibility for complete eligibility information.

Key Dates

Application deadline: 07/13/2026

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

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

Summary

IMPORTANT NOTE: SAMHSA will accept and review only the first 30 complete, successfully submitted, and high-quality applications received via eRA. Once this threshold is met, the submission portal will close, and no further applications will be considered.

The purpose of this program is to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) public health model for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, health maintenance organizations (HMOs), preferred-provider organizations (PPOs), health plans, Federally Qualified Health Centers (FQHCs), behavioral health centers, pediatric health care provider offices, children's hospitals) and schools, with a focus on screening for underage drinking, opioid use, and other substance use. SBIRT services are intended to be integrated into routine care delivery and may be implemented within primary care settings that provide ongoing care to children and adolescents, including those with chronic or complex health conditions. For the purpose of this funding announcement, pediatric providers include providers serving youth ages 12 to 21.

Your organization is expected to:

- Deliver early screening and intervention for alcohol and drug use for all patients, starting at 12 years old.
- Provide timely referral to more intensive treatment for those who have substance use disorders.

With this program, SAMHSA aims to reduce the negative physical and behavioral health consequences of alcohol and substance use.

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: $7,960,000

Estimated Number of Awards: Up to 8
(At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume)

Estimated Award Amount: Up to $995,000 per year per award

Length of Project Period: Up to 5 years

Your annual budget cannot be more than $995,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of this program is to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) public health model for children, adolescents, and/or adults in primary care and community health settings (e.g., health centers, hospital systems, HMOs, PPOs, health plans, FQHCs, behavioral health centers, pediatric health care provider's offices, children's hospitals) and schools, with a focus on screening for underage drinking, opioid use, and other substance use.

This funding opportunity seeks proposals from established health care organizations that possess robust operational capacity and well-developed partnerships enabling them to serve young people ages 12 to 21 and screen them for substance use disorder. Applications should demonstrate the capacity to rapidly implement evidence-based, developmentally appropriate SBIRT services for substance use identification and early intervention, utilizing existing clinical workflows, care coordination models, and established community partnerships. Applicants serving pediatric populations are encouraged to describe how SBIRT will be aligned with ongoing primary care and chronic disease management activities, including family-centered approaches and referral pathways that support continuity of care.

The 2024 National Survey on Drug Use and Health (NSDUH) reported that:

- 48.4 million people aged 12 or older had a substance use disorder (SUD) in the past year, including alcohol and drug use disorders.
- Marijuana remained the most commonly used illicit drug, with 64.2 million people reporting past-year use, while 134.3 million drank alcohol, 48 million used tobacco products, and 27.7 million people vaped nicotine.
- An estimated 816,000 people misused prescription fentanyl or used illegally manufactured fentanyl (IMF), though exposure may be underreported due to IMF's presence in heroin and counterfeit prescription drugs without users' knowledge.

These trends highlight the importance of implementing SBIRT in health care and community-based settings to support screening and early identification, brief intervention, and referral to treatment—particularly for youth and young adults.

Aligned with SAMHSA's strategic priorities and the Great American Recovery Initiative, to prevent substance use, misuse, and addiction, this initiative

focuses on implementing a comprehensive SBIRT model to screen and identify substance use challenges within the target population, while addressing co-occurring behavioral health conditions and contextual factors affecting well-being. These factors may include mental health needs, unstable housing, family system challenges, and barriers to care, which can be more prevalent among youth with chronic health conditions.

SAMHSA seeks to inform a replicable framework that: 1) integrates developmentally appropriate screening and brief intervention into routine care, 2) strengthens linkages to age-appropriate treatment and support, and 3) promotes timely identification and response to reduce substance use–related impacts among youth.

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 a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

- **Project Director (PD):** The PD must oversee the grant to ensure goals are met, all reports are completed and submitted on time, and all rules are followed. The PD Level of Effort (LOE) must be 100% of a full-time equivalent (FTE) position.
    - The PD is also responsible for developing a Quality Improvement Plan (See Attachment 12) & Sustainability Plan. **Note:** Submission of a sustainability plan detailing the grant project timeline is required to the Government Project Officer (GPO) by the end of month (4) of the project period and annually thereafter. More information will be provided after award.
- **Project Evaluator:** The Project Evaluator is responsible for gathering and analyzing data to determine the success and impact of programs/ projects, processes, or policies. The Project Evaluator LOE is a minimum 25% FTE position.

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

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

Bonus points will be given to applicants whose population of focus are more than 50% youth (those persons aged 12 to 21) with chronic or complex health conditions including, but not limited to, pediatricians and pediatric offices, pediatric health systems, and schools (See Section A under Merit Review for more details).

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

- Screen all participants for substance use using either a full screen or a prescreening followed by a full screen for those individuals who test positive on a pre-screen.
- Select validated, evidence-based screening instruments for any pre-screening and all full screens. Examples include:
  - Pre/Screening (with universal pre-screening and typically applied in high patient volume locations and in conjunction with full-screening tools) can include:
    - National Institute on Drug Abuse (NIDA) Quick Screen.[1]
    - Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS).[2]
    - National Institute on Alcohol Abuse and Alcoholism (NIAAA) Single Alcohol Screening Question (SASQ).[3]
    - AUDIT (Alcohol Use Disorders Identification Test) C + binge question.
  - Screening: Full screening tools for alcohol use among adults may include:
    - AUDIT (full screen).
    - USAUDIT (full screen).

- Full screening tools for illicit and prescription drug misuse among adults may include:
  - Drug Abuse Screen Test – 10 Questions (DAST-10).
  - The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
  - Alcohol, Smoking and Substance Involvement Screening Test – Frequency & Concern Items (ASSIST-FC).
- Full screening tools for alcohol and drugs for children and adolescents may include:
  - S2BI (Screening to Brief Intervention) Self- or interviewer administered BSTAD (Brief Screener for Tobacco, Alcohol and Other Drugs) NIAAA Youth Alcohol Screen (Youth Guide).
  - CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble).
  - Global Appraisal of Individual Needs – Short Screener (GAINSS).
  - Alcohol Use Disorders Identification Test (AUDIT).
- Full screening tools for tobacco use and cessation for adolescents and adults may include:
  - Hooked on Nicotine (HONC).[4]
  - Penn State Nicotine Dependence Index.[5]

See Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide for additional resources.

Note: If a patient screens positive for drug use or misuse on either a pre-screen or a full screen, conduct a brief assessment to identify the specific type(s) of drug(s) used, consumption level, and impact on functions of daily living. Staff will refer patients to a provider capable of determining and/or confirming a diagnosis of a SUD, a level of severity of that diagnosis, and which type of treatment options are available for the SUD(s).

- Screen and assess clients for the presence of serious mental illness and SUD (co-occurring disorder) using validated screening instruments and use the information obtained from the screening and assessment to develop treatment approaches for the individuals identified as having co-occurring disorders (CODs).
- Provide education to parents/caregivers about the dangers of substance use, using appropriate resources and information.
- Provide brief interventions for individuals screening positive on a full screen with the level of brief intervention determined based on shared decision-making with the individual and the SBIRT staff.

- Short course brief intervention:
  - (1 to 5 sessions) delivered with client-centered, non-judgmental, Motivational Interviewing (MI) techniques.
  - Raise an individual's awareness of their substance use and motivate them toward behavioral change.
  - Describe the selected BI approach in Section B of the Project Narrative.
- Brief Treatment:
  - (Up to 12 sessions) including:
    - The monitoring of individuals who use or misuse Alcohol and Other Drugs (AOD) but have not yet developed a severe SUD.
    - Consists of a limited course of highly focused clinical sessions.
- Referral to Treatment (RT)
  - Applicants must include Letters of Commitment (LOC) in Attachment 1 demonstrating that, if awarded, they can procure sufficient specialty SUD treatment capacity for the projected number of individuals needing services. Upon award, Memoranda of Understanding/Agreement will be required (as specified in the Notice of Award). The requirement for local specialty SUD treatment providers can be procured through contracts or other formal agreements to ensure individuals identified as needing treatment are accepted with minimal wait time—supporting SBIRT goals for treatment engagement and retention—using realistic target projections to show timely access to appropriate care. (FindTreatment.gov may be a helpful resource for finding treatment providers.)
  - Specialty treatment services, with or without medications as individually indicated, may include:
    - Comprehensive assessment.
    - Outreach/pretreatment services.
    - Outpatient services.
    - Intensive outpatient services.
    - Partial hospitalization/high intensity outpatient services.
    - Residential services.
- Provide case management and referral to specialty treatment sources utilizing a 'warm handoff'[6] procedure for individuals who are identified as needing these services.

- Provide wraparound services addressing barriers to access to care, such as transportation to treatment, peer support, or recovery support services.
  - Applicants must submit LOCs that specify the nature of the participation and the service(s) that will be provided by organization(s) that have agreed to partner in the project. The LOCs must be included in **Attachment 1**. Applicants must also submit written agreements with the medication providers as well as the details of the referral mechanism in **Attachment 1.**
- Develop Treatment Protocols and Plans for Project Assessment.
- To ensure sustainability of the program at the end of the project period develop step-by-step actions to integrate SBIRT into daily care and treatment protocols.

Allowable Activities

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

- 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.
  - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.
- Screen for suicide risk.
- Implement efforts to include SBIRT practices in electronic health records and evidence-based mobile health technology to enhance treatment.
- Develop and disseminate materials on best practices.
- Train health care providers on best practices.
- Assess for and respond to the needs of individuals and families served by the program who are homeless or at risk for homelessness. This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless Coordinated Entry systems.

- Conduct on-site or by referral prevention education, screening, and rapid 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) as necessary.
    - 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/provide workforce development to help your staff or other providers in the community identify mental health or substance use issues or 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).[7]
- Implement, acquire, or upgrade health information technology.

Eligibility

Eligible Applicants

Eligible applicants are:

- States and territories (Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia.
- Political subdivisions of states.
- Indian Tribes and Tribal organizations (as such terms are defined in Section 5304 of Title 25).
- Health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service.
- Other public or private nonprofit organizations, including institutions of higher education and faith-based organizations.

Note: If you are a nonprofit organization, you must provide documentation of your nonprofit status in Attachment 8 of your application.

Ten (10) additional points will be given to applicants whose population of focus are more than 50% youth populations with chronic or complex health conditions (those persons aged 12 to 21) including, but not limited to, pediatricians and pediatric offices, pediatric health systems, and schools. At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume.

Recipients who received SBIRT funding in FY 2022 & FY 2023 under NOFO TI-21-008, and NOFO TI-24-010 are not eligible to apply for this funding opportunity.

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

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in Section 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.

You must collect and report selected grantee-level indicators on a quarterly basis.

The following grantee-level indicators have been selected for this project:

- Partnership and Collaboration.
- Screening.
- Brief Intervention.
- Brief Treatment.
- Referral to Treatment.

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 and 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 high quality services for all, which align with the Administration's Make America Healthy Again [PDF] 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 and 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 [PDF] 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.

Budget revisions will be considered if SAMHSA decides to have an in-person meeting.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense[8] 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.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
  - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
  - Denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic.
  - Illegal immigration.
  - Any other initiatives that compromise public safety.
- Discretionary awards must not support harm reduction as outlined in SAMHSA's Dear Colleague Letter on harm reduction.

- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.
- Grant funds may not be used to purchase:
  - Medications to treat HIV, HBV, HCV, or tuberculosis.
  - Pre-Exposure Prophylaxis (PrEP) and 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 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, recovery support, 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 mental health/substance use disorder treatment, or recovery support 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 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.

Requirements to all service provider organizations

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 or recovery support provider 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.**

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Get Ready to Apply

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Get Registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

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

Once you register:

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

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions in the Grants.gov Quick Start Guide for Applicants.

eRA Commons

You must register in eRA Commons. Register at least six weeks before the application deadline.

See guidance at eRA Help and Tutorials and 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-26-005.

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

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Application Checklist

Make sure that you have everything you need to apply:

Narratives

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

Attachments

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

Component	Page limit
☐ 1. Letters of commitment, if applicable	None
☐ 2. Data collection instruments and interview protocols	None
☐ 3. Sample consent forms	None
☐ 4. Project timeline	2 pages
☐ 5. Biographical sketches and position descriptions	None
☐ 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. Statement of Certification	None
☐ 11. Charitable Choice Form	None
☐ 12. Quality Improvement Plan	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

- The project name.
- The geographic area served.
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project.
- The age range and distribution of the population planned to be served.
- The clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served.
- Strategies and interventions that will be implemented through the grant.
- Project goals.
- Measurable objectives (whenever possible, focus on objectives that relate to SAMHSA's Strategic Priorities).

In the first five or fewer lines of your abstract, write a summary of your project that can be used in publications, reports to Congress, and press releases, if you are funded.

Project Narrative

Page limit: 10 pages

File name: 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

File name: 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)

1. Identification of at least one experienced, credentialed substance use disorder treatment 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 5 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in Required Activities.

Attachment 5: Biographical Sketches and Position Descriptions

See biographical sketches and position descriptions for more information. Position descriptions should be no longer than one page each and biographical sketches should be no more than two pages.

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

See *Section C* in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

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

Attachment 8: Documentation of Nonprofit Status

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

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

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Attachment 10: Statement of Certification

You must provide a written statement certifying that all partnering service provider organizations listed in the application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

Attachment 11: 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.

Attachment 12: Quality Improvement Plan.

You must include in your application a quality improvement plan (QIP).

- The Quality Improvement Plan (QIP) as part of the application should describe how fidelity to evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) practices will be monitored and strengthened throughout the project period.
- The QIP must outline fidelity standards, performance measures, and continuous quality improvement approaches.
- Upon award, recipients are expected to implement the approved QIP and update it annually, maintaining documentation for federal monitoring and reporting purposes.

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: 9/29/2031
  - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
  - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

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

SF-424A Budget Information Form

Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

- **Section A** – Budget Summary:
  - As cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.
- **Section B** – Budget Categories:
  - As cost sharing/match is **not required,** use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.
- **Section C** – Non-Federal Resources:
  - As cost sharing/match is **not required**, leave this section blank.
- **Section D** – Forecasted Cash Needs:
  - Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.
  - Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
- **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project:
  - Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years total, enter the requested budget amount for each of those budget period in columns b, c, d, and e (i.e., 4 out years):
    - (b) First column is the budget for the second budget period.
    - (c) Second column is the budget for the third budget period.
    - (d) Third column is the budget for the fourth budget period.
    - (e) Fourth column is the budget for the fifth budget period.

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

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

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

Step 4: Learn About Review and Award

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Application Review

Initial Review

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

- Is from an organization that does not meet 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 (Up to 20 points – approximately 1 page)

Applicants whose proposed population(s) of focus include more than 50% youth (persons ages 12 to 21) with chronic or complex health conditions, including pediatric primary care practices, pediatric health systems, school-based settings, and other youth-serving organizations, may receive up to 20 points for Section A.

Note: Applicants who do not document that their population(s) of focus include more than 50% of the youth populations described above can only receive up to 10 points.

1. Identify the clients you will serve and the geographic catchment area where you will deliver services.
2. Describe the population of focus in terms of sex (male/female), age, and 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 services 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), CDC National Vital Statistics System). **Note**: Citations may be included in an attachment 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:

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

2. Describe how you will implement all the required activities and selected allowable activities. **Note: If more than 50% of your population of focus are youth (ages 12 to 21) with chronic or complex health conditions, you must provide specific information about how you plan to provide services to that population.**
3. Describe how your proposed implementation approach will address SAMHSA Strategic Priorities.
4. In Attachment 4, provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin, no more than four (4) months post-award. **Note:** The timeline does not count towards the page limit for the Program Narrative.

C: Proposed Evidence-Based Practice (EBP) and/or Evidence-Informed Practices (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 and Project 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 (10 points – approximately 1 page)

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

Risk Review

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

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

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

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

For more details, see 2 CFR Part 200.

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.
- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with SAMHSA's Strategic Priorities. To the extent permitted by law and applicable court orders, applications that do not align with SAMHSA's 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.
- At least 2 awards will be made to tribes/tribal organizations pending sufficient application volume.

- Recipients who received funding in FY 2022 & FY 2023 under TI-21-008 Screening, Brief Intervention and Referral to Treatment and in FY 2024 under TI-24-010 SBIRT are not eligible to apply for this funding opportunity.
- Ten (10) additional points will be given to applicants whose population of focus are more than 50% youth populations with chronic or complex health conditions (those persons aged 12 to 21) including, but not limited to, pediatricians and pediatric offices, pediatric health systems, and schools.

Other principles that may be considered in funding decisions include:

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

Award Notices

You will receive an email from eRA Commons that describes how you can access the application review results, including the application score. If your application is approved for funding, a Notice of Award (NoA) will be emailed to: (1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the Project Director identified on page 1 of the SF-424 (8f).

If your application is not funded, an email will be sent to you from eRA Commons. This email will include a summary of the peer reviewer comments and scores. It may take up to four months from the program's award date for this information to be sent to you.

The NoA is the only document that authorizes recipients to receive federal funding for a project.

Step 5:
Submit Your Application

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Submission Requirements and Deadlines

Go to Find the Application Package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See Get Registered.

You must maintain your registration throughout the life of any award.

Deadlines

Application

Due on Monday, July 13, 2026.

IMPORTANT NOTE: SAMHSA will accept and review only the first 30 complete, successfully submitted, and high-quality applications received via eRA. Once this threshold is met, the submission portal will close, and no further applications will be considered.

- 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

In this step

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Post-award Requirements and Administration

Administrative and National Policy Requirements

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

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

Reporting Requirements

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

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.
- Status update of the implementation of the QIP.
- Update on the progress towards sustainability.

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.

Endnotes

1. NIDA Quick Screen V1.0 ↑
2. Tobacco, Alcohol, Prescription medication, and other Substance use Tool ↑
3. Screen and Assess: Use Quick, Effective Methods ↑
4. Hooked on Nicotine Checklist (HONC) The HONC is a 10-item instrument used to determine the onset and strength of tobacco dependence. ↑
5. Penn State Nicotine Dependence Index ↑
6. A warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient (and family if present). ↑
7. For purposes of this NOFO efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and recipients may not use federal funds for such activities. This restriction extends to both grassroots lobbying efforts and direct lobbying. However, for state, local, and other governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds. ↑
8. 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. ↑