

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**  
**National Peer-Run Training and Technical Assistance**  
**Center for Addiction Recovery Support**

**(Short Title: CARS)**

(Initial Announcement)

**Notice of Funding Opportunity (NOFO) No. TI-24-014**

**Assistance Listing Number: 93.243**

**Key Information:**

<b>Application Deadline</b>	<b>Applications are due July 22, 2024.</b>
<b>NOFO Application Guide</b>	Throughout the NOFO, there will be references to the FY 2024 NOFO Application Guide ( <a href="#">Application Guide</a> ). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
<b>Intergovernmental Review (E.O. 12372)</b>	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline. See <a href="#">Section I</a> of the <i>Application Guide</i> .

<b>Electronic Grant Application Submission Requirements</b>	<p><b>You must complete three (3) registration processes:</b></p> <ol style="list-style-type: none"><li>1. System for Award Management (SAM);</li><li>2. Grants.gov; and</li><li>3. eRA Commons.</li></ol> <p>See <a href="#">Section A of the Application Guide</a>: Application and Submission Requirements to begin this process.</p>
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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the fiscal year (FY) 2024 National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (Short Title: CARS), formerly known as the National Center of Excellence on Addiction Recovery and Peer Support. The purpose of the CARS program is to provide trauma-informed addiction peer recovery support service training and technical assistance (TTA) to domestic public and private non-profit entities. The recipient will be expected to develop, implement, and maintain a TTA center that aligns with SAMHSA's National Recovery Agenda. With this program, SAMHSA aims to advance and strengthen the nation's capacity to deliver substance use peer and recovery support services.

<b>Funding Opportunity Title:</b>	National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (Short Title: CARS)
<b>Funding Opportunity Number:</b>	TI-24-014
<b>Due Date for Applications:</b>	July 22, 2024
<b>Estimated Total Available Funding:</b>	Up to \$1,900,000
<b>Estimated Number of Awards:</b>	One (1)
<b>Estimated Award Amount:</b>	Up to \$1,900,000 per year
<b>Cost Sharing/Match Required:</b>	No
<b>Length of Project Period:</b>	Up to five (5) years
<b>Anticipated Project Start Date:</b>	September 30, 2024
<b>Anticipated Award Date:</b>	No later than September 29, 2024

<b>Eligible Applicants:</b>	Domestic public and private non-profit entities.  [See <a href="#">Section III-1</a> for complete eligibility information.]
<b>Authorizing Statute:</b>	Section 547A of the Public Health Service Act ( <a href="#">42 U.S.C. §290ee-2a</a> )

# I. PROGRAM DESCRIPTION

## 1. PURPOSE

Peer support is described as the process of “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.”<sup>1</sup> SAMHSA has long acknowledged the role and impact that peer and recovery support services have in preventing overdose and advancing recovery and wellbeing across a variety of settings. The purpose of the CARS program is to provide training and technical assistance (TTA) to domestic public and private non-profit entities that provide or support services intended for people who are experiencing challenges related to a substance use or co-occurring condition. Specific examples include, but are not limited to, recovery community and other organizations that serve people who experience substance use challenges; state and local agencies and health departments; peer certification entities; and other programs or settings where recovery or peer support may play a role in advancing recovery.

Due to the worsening substance use crisis, the nation has seen an increase in recovery and peer support services but there is a lack of infrastructure related to TTA. The CARS program will play a vital role in filling this gap and ensuring that all domestic public and private non-profit entities that serve those with addiction are receiving the support they need. The Center will specifically assist in the advancement of trauma-informed peer and recovery support activities related to substance use, co-occurring mental health conditions, and associated challenges; and assist in the promotion of peer support and recovery support activities across a variety of settings.

Recipients will be expected to develop, implement, and maintain a TTA center that aligns with SAMHSA’s National Recovery Agenda.<sup>2</sup> TTA activities will range from outreach and engagement to promotion of recovery and peer support. The vehicles used to deliver the TTA vary along a continuum from universal TTA (broad in scope; limited in depth, such as webinars), to more specific group-focused (such as learning collaboratives), to intensive (limited in reach, but deeper in-depth, such as onsite regular consultation or policy academies). The recipient will also partner with national, state, and local organizations and experts, including peer-run organizations and experts with lived experience to achieve required activities.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. 2023. National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration.

<https://store.samhsa.gov/sites/default/files/pep23-10-01-001.pdf>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Office of Recovery.

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/or>

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by [Executive Order 13985](#). Recipients must also serve all individuals equitably and administer their programs in compliance with [federal civil rights laws](#) that prohibit discrimination based on race, color, national origin, disability, age, religion, and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

## 2. KEY PERSONNEL

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make substantial contributions to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area. **Key Personnel for this program include:**

- **Project Director (1.0 FTE)**
  - Responsible for general oversight and leadership of the project. This individual should possess key administrative skills, as well as in-depth knowledge of recovery support services.
  - Duties and level of effort (LOE) may be split between two (2) Co-Project Directors.
- **Lived Experience TA Coordinator (0.5 to 1.0 FTE)**
  - Responsible for general coordination of TA activities and partners, including effective partnership and utilization of peer-run/led organizations, and consultants with lived experience.
  - Must be able to attest to having lived experience associated with a substance use or co-occurring condition.<sup>3</sup>
- **Program Evaluator (0.25 FTE)**
  - Responsible for general coordination and support of performance measurement and continuous quality improvement (CQI) activities.
  - Duties may include oversight of any required collaborations with SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) for the development of an evaluation design, collection of data, and reporting of findings and recommendations related to the program.

**If you receive an award, you will be notified if the individuals designated for these positions have been approved.** If you need to replace a Key Personnel during the

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<sup>3</sup> *Either directly or as a family member of someone with a substance use/co-occurring condition.*



project period, SAMHSA will review the credentials and job description before approving the replacement.

### 3. REQUIRED ACTIVITIES

Four core topic areas (CTA) with corresponding objectives will guide the development and implementation of the required activities. For a full description of each CTA and corresponding objectives, see [Appendix A](#):

1. **Strengthen the General Peer Workforce** through the development and provision of TTA related to (1A) Peer Support Certification, (1B) Digital Recovery, and (1C) Financing, Supervision, Workplace Culture, and Career Development.
2. **Advance Recovery Across Service Settings** through the development and provision of TTA related to (2A) Court, Corrections, and Re-Entry, (2B) Clinical Treatment, (2C) Recovery Housing, and (2D) Peer-Run Organizations.
3. **Advance Recovery Across Purpose-Focused Settings** through the development and provision of TTA related to (3A) Recovery-Ready Workplaces, (3B) Recovery in Higher Education, and (3C) Recovery in High Schools.
4. **Advance Recovery Evidence & Research** through the provision of TTA related to the above CTAs and corresponding objectives.

**TTA activities will be organized consistent with SAMHSA's National Recovery Agenda<sup>4</sup> and range from outreach and engagement to promotion of recovery and peer support. Recipients are required to carry out each of the following required activities, in partnership with national, state, and local organizations and individual consultants, including experts with lived experience to achieve required activities.**

#### 1. Prerequisites for Training and Technical Assistance Providers

- Provide an extensive orientation training to all TA providers (subject matter expert [SME] consultants and, separately, Implementation/Intensive TA team members) on their responsibilities and other items relevant to fulfilling the expectations of their specific roles and functions.
- All TA providers (SME consultant TA providers and Implementation/Intensive TA team members) should be able to provide localized, tailored training and TA on issues related to a specific or multiple core topic area(s)/objective(s).

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<sup>4</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Office of Recovery. <https://www.samhsa.gov/about-us/who-we-are/offices-centers/or>

- Greater than fifty percent (>50%) of the total (paid) subrecipients, consultants, or subcontractors serving as TA providers or key partners must provide attestation to their status as a recovery community organization (RCO) or peer-run/peer-led organization.<sup>5</sup>
  - Subrecipients, consultants, and partners are defined as partnering organizations that will be paid/reimbursed and play significant role in the program development/implementation.
  - To qualify as an RCO or peer-run/peer-led organization, greater than fifty percent (>50%) of the subrecipients' Board of Directors, Advisory Board, and/or staff must self-identify as being in recovery from or having lived experience associated with a substance use or co-occurring condition.
  - Staff with lived experience or a family member of someone impacted by a substance use or co-occurring condition may also count towards this criterion.
  - Small businesses/organizations, including those operated by individual consultants (founders) may count towards this qualification if they will play a significant role in the program.

*To meet this required activity, subrecipients may document status as an RCO or peer-run/peer-led organization by providing one or both of the following:*

- A written, signed, and notarized attestation from the Board of Directors or organizational leadership of each subrecipient/consultant/partner certifying that they have met the criteria of an RCO or peer-run/peer-led organization for a minimum of two years or since their incorporation as an organization.
- Official certification paperwork from each subrecipient/consultant/partner indicating their status as an RCO or peer-run/peer-led organization for a minimum of two years or since their incorporation as an organization.

**This documentation must be included in Attachment 1.**

- 2. Establish a National Steering Committee (NSC).** The membership of the NSC should include peers, community-based practitioners, allies (e.g., family members, policy makers, researchers, funders), and other partners with lived experience and/or professional expertise that aligns with the CTAs and objectives (see [Appendix A](#)).
  - The NSC must be established within 60 days of award.

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<sup>5</sup> *Recovery Community Organizations (RCOs) that are domestic private non-profit entities in states, territories, or tribes. RCOs, defined as independent, non-profit organizations wholly or principally governed by people in recovery from substance use disorder and/or co-occurring condition who reflect the community being served.*

- The NSC must also have expertise aligning with all of the core topic areas/objectives and include at least one representative (consultant) that resides in each of the ten (10) [SAMHSA/HHS Regions](#) (minimum of 1 NSC member per region) and promote diversity in race, sex, gender identity, sexual orientation, age, and other integral components that are representative of the nation's diversity.
  - The NSC will inform the development/implementation of all required activities related to the CTAs and objectives, identify emerging issues across each SAMHSA/U.S. Department of Health and Human Services (HHS) region, and advise/guide the Center in fulfilling required activities.
  - Greater than fifty percent (>50%) of NSC membership must include people with lived experience (PWLE) with a substance use or co-occurring condition.
  - A minimum of one (1) NSC member must also have lived experience as a family member of someone with a substance use or co-occurring condition.
- 3. Conduct an [annual needs assessment](#) and develop and submit an annual workplan** to address how training and technical assistance will be carried out.
- The annual needs assessment should be completed within 60 days of award and should include environmental scans that inform the development of the workplan and products (e.g., best practices, research/policy papers, or guidance documents) outlined in required activity #5.
  - The initial workplan is due within two months of award for review and approval by the Government Project Officer (GPO).
  - In subsequent years, the annual workplan must be submitted for approval within two months of the beginning of each budget period.
- 4. Training and Technical Assistance Delivery**

**Within 90 days of receipt of award, begin providing TTA to the public** via evidence-based and culturally responsive TTA strategies aligned with the core topic areas and objectives. These TTA strategies should include the following:

- **Universal TTA Activities**
  - Develop webinars, fact sheets, learning modules (self-paced), and other resources.
- **Topic-focused TTA Activities**
  - Provide direct consultation through national learning collaboratives, training series, or communities of practice organized by topic or population.
  - Provide peer-based TTA opportunities for specific populations that align with each core topic area and objective.
  - Develop an inventory or resource library to be available on-demand for the public.

- **Intensive TTA for Site-specific Activities**
  - Provide intensive, ongoing consultation/coaching on specific issues pertaining to the focus areas and objectives; this may include onsite or virtual TTA.
  - Site specific could include regional, state, or local jurisdictions.
- **All Universal, Topic-focused, and Intensive TTA products must be:**
  - Shared with SAMHSA on a quarterly basis for archiving in a SAMHSA-designated repository; and
  - Posted on the CARS website within one (1) week of completion.

## 5. Outreach, Marketing, and Website Development

- **Within 90 days of receipt of award**, build and maintain a searchable, public website that serves as a clearinghouse for recovery and peer support products as they related to the core topic areas and objectives (curricula, trainings, distance learning programs, etc.). All products must be shared with SAMHSA on a monthly basis for archiving in a SAMHSA-designated repository.
  - The website should also include readily understandable, plain language materials for underserved communities aimed at reducing stigma and educating about substance use recovery and peer support.
  - The website must include a search function and provide and maintain culturally and linguistically appropriate internet-based information and resources to cover the developmental lifespan and must include, but is not limited to, the following:
    - A resource library/inventory tab of universal, topic-focused, and intensive TTA products (e.g., trainings, guidance documents) related to the core topic areas and objectives.
    - Catalog of content areas (core topics/objectives) for which TTA is available.
    - A calendar of upcoming events.
    - Links to the SAMHSA Evidence-Based Practices Resources Center (EBPRC) and SAMHSA Store of Publications and Digital Products
    - TA request portal/feature
    - Direct chat feature
    - State certification directory
    - A compilation of evidence on recovery support services; and
    - Recovery support service directory that includes a national repository of the following:
      - RCOs
      - Recovery Housing Programs
      - Collegiate recovery and recovery schools
      - Other applicable recovery support services, where appropriate.
- **Within 90 days of receipt of award**, develop and implement a marketing and outreach engagement strategy for the available TA services that will be updated

quarterly with engagement targets (e.g., who attends events, statistics tracking participation, who is not being reached). This strategy should use technology and data to tailor outreach and engagement to different segments of potential users, ensure that content development and engagement efforts are aligned, and create materials in plain language so they are easy to understand and readily available.

**6. Coordinate on-call (e.g., requested) and proactive (e.g., pre-planned) TTA with:**

- [SAMHSA Programs to Advance Recovery Knowledge \(SPARK\) TA Center](#)
- [Opioid Response Network \(ORN\)](#)
- [National Consumer and Consumer Supporter Technical Assistance Centers](#)
- [National Family Support TA Center](#)
- [Homeless and Housing Resource Center \(HHRC\)](#)
- [GAINS Technical Assistance Center](#)
- [Providers Clinical Support Systems](#) (e.g., Providers Clinical Support System - Medications for Opioid Use Disorders [PCSS-MOUD], PCSS - Medications for Alcohol Use Disorders [PCSS-MAUD], PCSS-Universities)
- [SAMHSA Technology Transfer Centers \(TTCs\)](#) (e.g., Addiction Technology Transfer Center [ATTC], Prevention Technology Transfer Center [PTTC], and others)
- [Other SAMHSA Centers of Excellence and TA Centers](#), where applicable (e.g., Behavioral Health for African American, American Indian/Alaska Native [AI/AN], Asian American, Native Hawaiian and Pacific Islander [AANHPI], Hispanic/Latino, and LGBTQ+).

**7. Utilize most up-to-date evidence and research to develop at least five (5) different evidence-based best practices, policy papers, or guidance documents for use by the populations of focus as outlined under the [Core Topic Areas/Objectives](#).**

- Products should be evidence-informed, culturally responsive, and describe in a comprehensive, but concise manner, the latest best practices, guidance, research, and/or policy recommendations for advancing the chosen CTA/objective.
- Recipient should coordinate with SAMHSA's EBPRC to ensure non-duplications of efforts/products.

**8. Within the first four months, convene a virtual policy academy series with a minimum of 30 local, state, national, federal, territorial, and tribal partners.**

- Develop a strategic plan to ensure that TTA efforts related to each CTA and objective reach underserved and diverse communities (e.g., AI/AN, AANHPI, African American, Hispanic/Latino, and sexual and gender minority communities).
- Identify and prioritize policy recommendations of each CTA and the corresponding objectives.

- Select and align these policy recommendations with applicable TTA efforts across the center (e.g., *aligning a policy recommendation related to Objective 2A with a planned webinar or policy paper*).
- Increase interagency, national, state, and local collaboration.

#### 9. Within the first year, convene a national meeting.

- Details, such as the number of attendees, structure, and facilitators, will be determined in consultation with SAMSHA and this meeting will be held during the last quarter of the funding period.
- **Specific goals include:**
  - Expand access to the knowledge, skills, professional development opportunities, and other TTA efforts/resources that were developed throughout the first year of the project period.
  - Identify strategies to better reach underserved and diverse communities during Year 2.

#### 4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds to expand Core Topic Area #2 (Advance Recovery Across Service Settings) to include the following objective:

##### **Objective 2E— Recovery Across the Continuum**

- Develop and provide TTA to advance collaboration, integration, and partnership between recovery and other service entities and response efforts along of the continuum of care.
  - **Examples of TTA activities** that achieve this include, but are not limited to, fostering the integration of services across and collaboration between recovery/ peer-run organizations and mental health peer organizations, community harm reduction programs (CHRP), and primary prevention.
  - **Populations of focus** include, but are not limited to, primary prevention organizations, community harm reduction programs, RCOs, and treatment providers.

#### 5. DATA COLLECTION, PERFORMANCE MEASURES & EVALUATION

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in [Section D](#) of the Project Narrative. The following data will be entered in SAMHSA's Performance Accountability and Reporting System (SPARS) using the TTA Program Monitoring tool.

1. [Event Description](#) data on each project event (e.g., meeting, technical assistance, training event). The data must be collected and entered into SPARS within 7 days after each event using the event description form.

2. Voluntary survey data from participants after each event using the [TTA Post Event](#) form. Anonymous voluntary survey responses must be entered in SPARS within 7 days after the event.
3. Follow-up survey data for events that are longer than 3 hours. For participants who agree to be contacted, the [TTA Follow-Up](#) form will be used 60 days after the end of the event. The data must be entered into SPARS 120 days after the event.
4. Direct/intensive TTA measures include data on virtual, in-person, or hybrid consultations designed to meet a need expressed by an individual or organization. Specific measures include:
  - Total number of direct/intensive TTA consultations
  - Total number of people engaged across all direct/intensive TTA consultations
  - Number of people engaged in each consultation
5. Website, Products & Resources measures are in reference to any products or resources that are developed and posted through the Center. Specific measures include:
  - Total number of products/resources developed and posted
  - Website traffic (specific measures may be chosen by the awardee and should be based on website design)

TTA on SPARS data collection and reporting will be provided after award.

The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by recipients will be used to demonstrate how SAMHSA's grant programs are reducing disparities in behavioral health access, service use, and outcomes nationwide. SAMHSA may add additional reporting measures throughout the reporting period.

Performance data will be reported to the public as part of SAMHSA's Congressional Justification.

Please note that TTA activities may be related to more than one topic area/objective and/or counted towards more than one performance measure, where appropriate:

**Evaluation Requirements.** An evaluation may be required to build the evidence base for this program. In collaboration with SAMHSA's CBHSQ, it may be requested that the awardee explore a collaborative partnership to develop an evaluation design, collect data, and report findings and recommendations related to the program. Additional information related to the evaluation will be provided within 90 days of award.

## *Project Performance Assessment*

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See [Section VI.3](#) for a description of reporting requirements).

For more information, see the *Application Guide*, [Section D](#) - *Developing Goals and Measurable Objectives* and [Section E](#) - *Developing the Plan for Data Collection and Performance Measurement*.

## **6. OTHER EXPECTATIONS**

### *SAMHSA Values That Promote Positive Behavioral Health*

SAMHSA expects you to use funds to implement high-quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based to improve behavioral health.<sup>6</sup> These are part of SAMHSA's core principles as documented in our strategic plan.

[Recovery](#) is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having supportive relationships with families, friends and peers.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;

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<sup>6</sup> ["Behavioral health"](#) means the promotion of mental health, resilience and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.



- culturally based and informed;
- supported through relationship and social networks;
- involving individual, family, and community strengths and responsibility;
- supported by addressing trauma; and
- based on respect.

**Trauma-informed approaches** recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support*: peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- *Collaboration and Mutuality*: importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, & Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

It is critical for recipients to promote the linkage to recovery and resilience for those individuals and families affected by trauma.

**Behavioral health equity** is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

### *Language Access Provision*

**Per Title VI of the Civil Rights Act of 1964**, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion, conscience, and sex (including

gender identity, sexual orientation, and pregnancy). (See the *Application Guide*, [Section J - Administrative and National Policy Requirements](#))

#### *Tobacco and Nicotine-free Policy*

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

#### *Behavioral Health for Military Service Members and Veterans*

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, veterans, and military families in designing and implementing their programs. You should consider prioritizing this population for services, where appropriate.

#### *Inclusion of People with Lived Experience Policy*

SAMHSA recognizes that PWLE are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

#### *Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals*

In line with the [Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#) (E.O. 14075) and the behavioral health disparities that the LGBTQI+ population faces, you are encouraged to address the behavioral health needs of this population in designing and implementing your programs.

#### *Behavioral Health Crisis and Suicide Prevention*

Recipients encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the [988 Suicide & Crisis Lifeline](#), the [SAMHSA Helpline/Treatment Locator](#), and [FindSupport.gov](#).

## **7. RECIPIENT MEETINGS**

SAMHSA will hold an in-person meeting in 2025 immediately following either the required policy academy or the national conference. You must send a maximum of five (5) staff, including the Project Director. **If it is important for specific project staff to attend, i.e., the Evaluator, they can be added to list of required/suggested attendees to these recipient meetings.** You must submit a detailed budget and narrative for this travel. This meeting is likely to be held in the Washington, D.C.,

metropolitan area for 1–2 days, but the location may be changed to align with the location of the policy academy/national conference, with SAMHSA approval. If SAMHSA elects to hold a virtual meeting, budget revisions may also be permitted.

## II. FEDERAL AWARD INFORMATION

### 1. GENERAL INFORMATION

<b>Funding Mechanism:</b>	Cooperative Agreement
<b>Estimated Total Available Funding:</b>	\$1,900,000
<b>Estimated Number of Awards:</b>	One (1)
<b>Estimated Award Amount:</b>	Up to \$1,900,000 per year, inclusive of indirect costs
<b>Length of Project Period:</b>	Up to 5 (five years)
<b>Anticipated Start Date:</b>	September 30, 2024

**Proposed budgets cannot exceed \$1,900,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### 2. COOPERATIVE AGREEMENT REQUIREMENTS

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

#### Role of Recipient:

The Recipient must:

- 1) Comply with terms and conditions of the cooperative agreement award.**
  - a. Adhere to the outlined required activities and ensure their alignment with the CTAs and objectives.
  - b. Ensure consultants and organizations with both lived and professional experience are included in its pool of SMEs/subrecipients.
- 2) Collaborate with SAMHSA staff in project implementation and monitoring.**

- a. Schedule and convene a virtual kickoff meeting with SAMHSA staff within ten (10) days of award. During this meeting, the recipient will:
  - i. Present SAMHSA with a schedule/timeline of activities and their anticipated completion date.
  - ii. In collaboration with SAMHSA, develop a list of activities, sub-activities, products, or project decisions that may require SAMHSA consultation or approval.
- b. Schedule and convene weekly check-ins with SAMHSA staff to provide planning and implementation updates. This may be changed to bi-weekly after the first six (6) months of the project period with SAMHSA approval.
- c. Participate in other meetings as requested by SAMHSA, including those being convened by major technical assistance partners (e.g., SAMHSA Program to Advance Recovery Knowledge).
- d. Collaborate with SAMHSA in the identification of new consultations/TA providers if necessary.
- e. Effectively track and share progress of activities with SAMHSA staff via a shared tracker.

**3) Ensure that SAMHSA staff is provided with a:**

- a. Bi-monthly (once every 2 months) summary report that includes:
  - i. Status updates on each CTA and objective. This would include a brief summary/list of their associated efforts/activities.
  - ii. Updated metrics on the various modalities of TTA.
  - iii. Other budgetary and programmatic documentation or updates that are essential to the program.
- b. Semi-annual progress report (see [Reporting Requirements](#) for additional details, including how this differs from the bi-monthly summary report).
- c. Timely review period for any major products or deliverables.

Role of SAMHSA Staff:

The GPO handles programmatic monitoring, including regular calls that may involve the Grants Management Specialist (GMS) and site visits. The GPO will work with you on implementing program and evaluation activities and will make recommendations about program continuance. Your GPOs will also oversee the publication of any project results and packaging and dissemination of products and materials to make the findings available to the field. SAMHSA staff will:

1. Review or approve major project decisions, sub-activities, or deliverables as decided during the project kickoff meeting.
2. Participate on committees, such as policy and steering workgroups, which guide the course of long-term projects or activities.
3. Participate in any recurring check-ins with the recipient.

4. Support and facilitate inter and intra-agency collaboration efforts with federal staff, TTA centers, and other partners.
5. Provide the recipient with consultation and technical assistance associated with the project scope and activities.
6. Recommend outside consultants for training, site-specific evaluation, and data collection.
7. Maintain regular communication with recipients through routine conference calls and the provision of technical assistance and consultation.
8. Oversee development and implementation of a multi-site evaluation in partnership with evaluation contractors and recipients.
9. Review and approve all key personnel.
10. Review, approve, or monitor performance data, budgets or major budgetary changes, and progress reports.

The GMS is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMS uses information from site visits, reviews of expenditure and audit reports, and other appropriate means to ensure the project operates in compliance with all applicable federal laws, regulations, guidelines, and the terms and conditions of award.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are domestic public and private non-profit entities.

All non-profit entities must provide documentation of their non-profit status in **Attachment 8** of your application.

For general information on eligibility for federal awards, see <https://www.grants.gov/applicants/applicant-eligibility.html>.

#### **2. COST SHARING and MATCHING REQUIREMENTS**

Cost sharing/match is not required in this program.

#### **3. OTHER REQUIREMENTS**

There are no additional requirements for this program.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package can be found at [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See [Section A of the Application Guide](#) for more information on obtaining an application package.

### 2. CONTENT AND FORM OF APPLICATION SUBMISSION

#### REQUIRED APPLICATION COMPONENTS

You must submit the standard and supporting documents outlined below and in [Section A - 2.2 of the Application Guide \(Required Application Components\)](#). All files uploaded as part of the application must be in Adobe PDF file format. See [Section B of the Application Guide](#) for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration the waiver of this requirement must be approved in advance. See [Section A - 3.2 of the Application Guide \(Waiver of Electronic Submission\)](#).

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, the name and contact information should reflect the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.
  - 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 official and should not be the same individual as the Project Director in Line 8f.

New applicants should 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: If 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. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.

- **Section B** – Budget Categories: If 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. If cost sharing/match is required, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
- **Section C** – If cost sharing/match is **not required**, leave this section blank. If cost sharing/match **is required**, use the second row (line 9) to report non-federal match for the **first year** only.
- **Section D** – Forecasted Cash Needs: enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
- **Section E** – Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for 5 years in total, enter the requested budget amount for each 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 [Section B](#) of the *Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at:

- [Sample SF-424A \(No Match Required\)](#)

It is highly recommended that you use the [Budget Template](#) on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**  
The Project Narrative describes your project. It consists of Sections A through D. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information.
- **BUDGET JUSTIFICATION AND NARRATIVE**  
You must submit the budget justification and narrative as a file entitled “BNF” (Budget Narrative Form). (See [Section A](#) – 2.2 of the *Application Guide -Required Application Components*.)

- **ATTACHMENTS 1 THROUGH 8**

**Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.**

To upload the attachments, use the:

- Other Attachment Form if applying with Grants.gov Workspace.
- Other Narrative Attachments if applying with eRA ASSIST

- ***Attachment 1: Letters of Commitment***

Include Letters of Commitment and documentation indicating the status of each partnering organization, subrecipient, and/or consultant as an RCO or peer-run/peer-led entity. One or both of the following documents may be provided:

- A written, signed, and notarized attestation from the Board of Directors or organizational leadership of each subrecipient/consultant/partner certifying that they have met the criteria of an RCO or peer-run/peer-led organization for a minimum of 2 years or since their incorporation as an organization.
- Official certification paperwork from each subrecipient/consultant/partner indicating their status as an RCO or peer-run/peer-led organization for a minimum of 2 years or since their incorporation as an organization.

**(Do not include any letters of support. Reviewers will not consider them.)**

- ***Attachment 2: Data Collection Instruments/Interview Protocols***

You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***

Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in the training and (2) informed consent for participation in the data collection component of the project.

- ***Attachment 4: Project Timeline***

**Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages.** See instructions in [Section V, B.3.](#)

- ***Attachment 5: Biographical Sketches and Position Descriptions***

See [Section F](#) of the *Application Guide - Biographical Sketches and Position Descriptions* for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.



- **Attachment 6: Letter to the State Point of Contact**  
Review information in [Section IV.6](#) and see [Section I](#) of the *Application Guide - Intergovernmental Review* for detailed information on E.O. 12372 requirements to determine if this applies to you.
- **Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines**  
This **required** attachment is in response to [Section C](#) of the *Application Guide* and reviewers will assess the response.
- **Attachment 8: Documentation of Non-profit Status**  
*Proof of non-profit status must be submitted by private non-profit organizations. Any of the following is acceptable evidence of non-profit 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 Internal Revenue Service tax exemption certificate.
  - A statement from a State taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has a non-profit status.
  - A certified copy of the applicant organization's certificate of incorporation or similar document that establishes non-profit status; or
  - Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

### **3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT**

[Section A](#) of the *Application Guide* has information about the three registration processes you must complete including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under [2 CFR § 25.110](#).

### **4. APPLICATION SUBMISSION REQUIREMENTS**

**Submit your applications no later than 11:59 PM (Eastern Time) on July 22, 2024.**

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to [Section A](#) of the *Application Guide* for information on how to apply.

**All applicants MUST be registered with NIH's [eRA Commons](#), [Grants.gov](#), and the System for Award Management ([SAM.gov](#)) in order to submit this application.** The process could take up to 6 weeks. (See [Section A](#) of the *Application Guide* for all registration requirements).

**If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.**

**WARNING: BY THE DEADLINE FOR THIS NOFO THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:**

- The applicant organization **MUST** be registered in NIH's eRA Commons;
- AND
- The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

**No exceptions will be made.**

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION.** Waiting until the last minute, may result in the application not being received without errors by the deadline.

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

The funding restrictions for this project must be identified in your proposed budget for the following:

- Food is an unallowable expense.
- The indirect cost rate may not exceed **8 percent** of the proposed budget. Even if an organization has an established indirect cost rate, under training awards, SAMHSA reimburses indirect costs at a fixed rate of **8 percent** of modified total direct costs, exclusive of tuition and fees, expenditures for equipment, and sub-awards and contracts in excess of \$25,000. ([45 CFR Part 75.414](#))

**Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in [Section H](#) of the *Application Guide*.**

## 6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA programs are covered under [Executive Order \(EO\) 12372](#), as implemented through HHS regulation at [45 CFR Part 100](#). Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See the *Application Guide*, [Section I \(Intergovernmental Review\)](#) for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

## 7. OTHER SUBMISSION REQUIREMENTS

See [Section A](#) of the *Application Guide* for specific information about submitting your application.

# V. APPLICATION REVIEW INFORMATION

## 1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A–D below. Your application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A–D) may be no longer than **10 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number, i.e., “A.1”, “A.2”, etc.** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.
- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.

- Any cost-sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

**SECTION A: Population of Focus and Statement of Need  
(25 points – approximately 1 page)**

1. Identify and describe how the project will be implemented to meet the national needs, regional needs (associated with each SAMHSA region), and the population(s) of focus [training and/or technical assistance (TTA) recipients] that will be impacted by this project, including underserved and historically under-resourced populations to the extent possible.
2. Provide a demographic profile of the population(s) of focus for the CTAs and corresponding objectives in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
3. Describe the service gaps, barriers, and other problems related to the need for training and/or TA with the CTAs and objectives' population(s) of focus in the proposed geographic area. Identify the source of the data (for example, the [National Survey on Drug Use and Health \(NSDUH\)](#), [County Health Rankings & Roadmap](#), [Social Vulnerability Index](#), etc.).

**SECTION B: Proposed Implementation Approach  
(35 points - approximately 5 pages, not including Attachment 4 - Project Timeline)**

1. Describe the goals and measurable objectives) of your project and align them with the Statement of Need described in A.2 (see the Application Guide, [Section D](#) - Developing Goals and Measurable Objectives) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound):

<b>Number of Unduplicated Individuals to be Trained with Award Funds</b>					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

2. Describe how you will align and implement the required activities with the Core Topic Areas and objectives in [Section I](#).
3. In Attachment 4, provide no more than a 2-page chart or graph depicting a realistic timeline for the entire five (5) years of the project period showing

dates, key activities, and responsible staff. [NOTE: The timeline does not count towards the page limit for the Program Narrative.]

**SECTION C: Staff and Organizational Experience  
(30 points - approximately 3 pages)**

1. Describe the experience of your organization with similar projects and/or providing culturally and linguistically appropriate, state-of-the-art, research-based training and technology transfer activities, including providing TTA to the population(s) of focus. Demonstrate the experience of your organization working with diverse populations, including underserved and historically under-resourced populations and how it is reflected in your staffing.
2. Identify any other organizations that will partner in the project. Describe their experience providing the required activities and their specific roles and responsibilities for this project. Describe the diversity of partnerships. Include Letters of Commitment and documentation indicating the status of each partnering organization, subrecipient, and/or consultant as an RCO or peer-run/peer-led entity in **Attachment 1**.
3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Lived Experience TA Coordinator) and other significant personnel. For each staff member describe their:
  - Role;
  - Level of effort; and
  - Qualifications, including:
    - Professional experience providing services to the population(s) of focus, familiarity and expertise associated with substance use peer support and recovery; knowledge or experience pertaining to each CTA and objective.
    - Lived experience with challenges associated with a substance use or co-occurring condition, including experience receiving peer or recovery support associated with the settings or service types listed under each CTA and objective.<sup>7</sup>

**SECTION D: Data Collection and Performance Measurement  
(10 points - approximately 1 page)**

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program. (See the

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<sup>7</sup> Please note that while lived and professional experience will be evaluated to the same extent, personal disclosure is completely optional.

*Application Guide, [Section E](#) – Developing the Plan for Data Collection and Performance Measurement).*

## **2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT** *Other federal and non-federal sources.*

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., sporting events, entertainment.

See the *Application Guide, [Section K](#) – Budget and Justification* for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in [Section IV-5](#). **Identify the items associated with these costs in your budget.**

## **3. REVIEW AND SELECTION PROCESS**

Applications are [peer-reviewed](#) according to the evaluation criteria listed above.

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory and there are other factors SAMHSA might consider when making awards.

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

- Approval by the Center for Substance Abuse Treatment (CSAT) National Advisory Council
- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with [45 CFR 75.212](#), SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR 75.205](#) HHS Awarding Agency Review of Risk Posed by Applicants.

## VI. FEDERAL AWARD ADMINISTRATION INFORMATION

### 1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a [Notice of Award \(NoA\)](#) will be emailed to the following: (1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and (2) the PD identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on [standard terms and conditions](#). See the *Application Guide*, [Section J - Administrative and National Policy Requirements](#) for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS 690](#)). To learn more, see the [HHS Office for Civil Rights](#) website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in [CFR § 200.340 \(a\)\(1\)-\(4\)](#) are met. No other termination conditions apply.

### 3. REPORTING REQUIREMENTS

The recipient is required to submit semi-annual Programmatic Progress Reports (at 6 months and 12 months). The 6-month report is due no later than 30 days after the end of the second quarter. The annual progress report is due within 90 days of the end of each budget period.

The Programmatic Progress Reports must discuss:

- Updates on key personnel, budget, or project changes (as applicable)
- Progress across goals and objectives and implementing evaluation activities, including relevant performance metrics associated with each activity and the TTA website.
- Progress implementing required activities associated with each CTA and objective, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.

- A brief description of any steps that have been taken to integrate the voices and expertise of peers and people with lived experience across the project.

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

**Management of Award:** Recipients must also comply with [standard award management reporting requirements](#) unless otherwise noted in the NOFO or NoA.

## VII. AGENCY CONTACTS

For program and eligibility questions, contact:

David Awadalla, MSW, BSHP  
Office of Recovery  
Substance Abuse and Mental Health Services Administration  
[david.awadalla@samhsa.hhs.gov](mailto:david.awadalla@samhsa.hhs.gov)

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1940  
[FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov)

For grant review process and application status questions, contact:

Jasmine Magruder  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276-1200  
[Jasmine.Magruder@samhsa.hhs.gov](mailto:Jasmine.Magruder@samhsa.hhs.gov)



## Appendix A – Core Topic Areas and Objectives to Guide Required Activities

The following core topic areas (CTA) and their associated objectives will guide the development and implementation of the required activities. The Center will provide technical assistance and support to relevant peer and recovery support networks/organizations (see populations of focus) listed under these CTAs/Objectives, including such assistance and support related to:

- training on peer and recovery support;
- resources to assist individuals or their families obtain peer and recovery support;
- best practices for the delivery of recovery support services;
- the provision of translation services, interpretation, or other such services for clients with limited English-speaking proficiency;
- data collection to support research, including for translational research;
- capacity building; and
- evaluation and improvement, as necessary, of the effectiveness of such [services](#) provided under each CTA/objective.

The recipient will partner with local, state, national, territorial, and tribal organizations and/or consultants with lived and/or professional experience that aligns with the following objectives to advance substance use recovery and peer support, including for family and youth where appropriate.

### CTA #1—Strengthen the General Peer Workforce

#### Objective 1A— *Peer Support Certification*

Develop and provide training and technical assistance (TTA) to encourage adoption and/or alignment between state peer certification programs and SAMHSA’s National Model Standards for Peer Support Certification.

- **Examples of TTA activities** that achieve this include, but are not limited to, conducting a policy academy with state certification entities to discuss adoption and reciprocity strategies, and developing guidance or resources (e.g., a code of ethics) for state certification entities on the adoption of a specific model standard.
- **Populations of focus** for this objective may include, but are not limited to, state and national peer certification entities, the peer workforce, and people served by the certified peer workforce.

#### Objective 1B— *Digital Recovery*

Develop and provide TTA to expand best practices in digital innovations for peer recovery support.

- **Examples of TTA activities** that achieve this include, but are not limited to, developing best practices surrounding virtual peer support provision; and convening a community of practice to explore digital innovations for peer recovery support.

- **Populations of focus** for this objective may include, but are not limited to, peer workers; recovery community organizations (RCOs), digital recovery and peer support providers, and people served by digital recovery/peer support providers.

**Objective 1C— *Financing, Supervision, Workplace Culture, and Career Development***

Develop and provide TTA to promote best practices associated with reimbursement, financing, supervision, workplace culture, and career development for the peer workforce.

- **Examples of TTA activities** that achieve this include, but are not limited to, developing policy recommendations for state Medicaid agencies surrounding peer reimbursement, developing products that explore best practices surrounding workplace culture, and conducting career development trainings for peer workers.
- **Populations of focus** for this objective may include, but are not limited to, peer workers, peer supervisors, RCOs, and State Government, such as State Health Authorities, State Medicaid Agencies, and State Certification Entities.

**CTA #2—Advance Recovery Across Service Settings**

**Objective 2A—*Court, Corrections, and Re-Entry***

- Develop and provide TTA to advance peer and recovery support services across the criminal legal system.
- **Examples of TTA activities** that achieve this include, but are not limited to, exploring strategies to expand certifications for justice/legal/forensic peer workers and collaborating with court/corrections/re-entry partners to expand peer recovery support services in jails/prisons.
- **Populations of focus** for this objective may include, but are not limited to, drug/recovery courts, corrections, and re-entry professionals (e.g., judges, prosecutors, attorneys, probation/parole officers, forensic peer support specialists); state and federal law enforcement entities, and people with substance use/co-occurring conditions that are experiencing challenges related to the criminal legal system.

**Objective 2B—*Clinical Treatment***

Develop and provide TTA to advance peer and recovery support services across clinical treatment and healthcare settings.

- **Examples may include**, but are not limited to, provider trainings on the value of peer and recovery support, integrating peer support into clinical settings, and building relationships with the recovery community/linkages to care.
- **Populations of focus** may include, but are not limited to, peer workers embedded in clinical/healthcare settings, clinical treatment and healthcare professionals, including clinicians and leadership, and the people they serve.

**Objective 2C—*Recovery Housing***

Develop and provide TTA to advance recovery housing.

- **Examples of TTA activities** that achieve this objective include, but are not limited to, developing communications to reduce community stigma and neighborhood concerns associated with recovery housing programs, promoting standards, ethics among recovery housing providers, and adherence to ADA policies by state and local government.
- **Populations of focus** for this objective may include, but are not limited to, recovery housing operators and staff, funding organizations such as state health and housing authorities, and people who live in or are seeking to live in a recovery housing program.

### **Objective 2D— Peer-Run Organizations**

Develop and provide TTA to advance peer and recovery support across peer-run organizations.

- **Examples of TTA activities** that achieve this include, but are not limited to, providing on-demand TTA to newly formed RCOs/peer-run organizations; and training series on capacity building, data collection, or sustainability for RCOs/peer-run organizations.
- **Populations of focus** for this objective may include, but are not limited to, peer-run/peer-led entities such as RCOs, the general peer workforce, and the people they serve.

### **CTA #3— Advance Recovery Across Purpose-Focused Settings**

#### **Objective 3A— Recovery-Ready Workplaces**

Develop and provide TTA to advance recovery-ready workplace (RRWP) efforts and recovery support provided through Employee Assistance Programs (EAPs).

- **Examples of TTA activities** that achieve this include, but are not limited to, webinars or training series for employers on RRWP benefits and adoption and contributing to national adoption strategies in collaboration with federal (e.g., Office of National Drug Control Policy) and state RRWP partners.
- **Populations of focus** for this objective may include, but are not limited to, state, national, and local RRWP programs, employers that are benefitting or would benefit from RRWP policies, and employees that are experiencing challenges related to a substance use/co-occurring condition.

#### **Objective 3B— Recovery in Higher Education**

Develop and provide TTA to advance peer and recovery support services in institutions of higher education (IHE).

- **Examples of TTA activities** that achieve this include, but are not limited to, developing products or trainings on collegiate recovery programs and providing on-demand TTA to colleges/universities interested in creating collegiate recovery programs (CRPs).
- **Populations of focus** for this objective may include, but are not limited to, IHE staff and administration, CRP staff and students, federal and state departments of education (DOE), and IHE students in recovery from or experiencing challenges with a substance use/co-occurring condition.

### **Objective 3C— *Recovery in High Schools***

Develop and provide TTA to advance peer and recovery support services in high schools.

- **Examples of TTA activities** that achieve this include, but are not limited to, developing guidance for high schools on the integration of recovery support services and on-demand TA related to recovery high schools.
- **Populations of focus** for this objective may include, but are not limited to, recovery high school staff/administration, communities that are interested in creating a recovery high school, and high school students who are in recovery from or are experiencing challenges related to a substance use/co-occurring condition.

### **CTA #4—Advance Recovery Evidence & Research**

#### **Objective 4A—*Recovery Evidence and Research***

Collect, analyze, and promote recovery research/evidence for the CTAs and objectives above.

- **Examples of TTA activities** that achieve this include, but are not limited to, creating research guidance or best practices related to the peer workforce and conducting/publishing research that demonstrates the value of peer support in the criminal legal system.
- **Populations of focus** may include, but are not limited to, the general peer workforce, policy makers, funding organizations, recovery researchers, the populations of focus listed under any of the above objectives, and the people they serve.