Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

National Anti-Drug Coalitions Training and Workforce Development Cooperative Agreement

Short Title: Coalitions Training Cooperative Agreement

Notice of Funding Opportunity (NOFO) No. SP-24-003

Assistance Listing Number: 93.243

Key Information:

Application Deadline	**Applications are due by May 24, 2024.**
NOFO Application Guide	Throughout the NOFO there will be references to the FY 2024 NOFO Application Guide (Application Guide). 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.

Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes:** 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A*** ***of the Application Guide***: *Registration and Application Submission Requirements* to begin this process.

Table of Contents

EXECUTIVE SUMMARY 5

I. PROGRAM DESCRIPTION 7

1. PURPOSE 7

2. KEY PERSONNEL 8

3. REQUIRED ACTIVITIES 8

4. ALLOWABLE ACTIVITIES 10

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT 10

6. OTHER EXPECTATIONS 12

7. RECIPIENT MEETINGS 14

II. FEDERAL AWARD INFORMATION 14

1. GENERAL INFORMATION 14

2. COOPERATIVE AGREEMENT REQUIREMENTS 15

III. ELIGIBILITY INFORMATION 16

1. ELIGIBLE APPLICANTS 16

2. COST SHARING and MATCHING REQUIREMENTS 16

3. OTHER REQUIREMENTS 16

IV. APPLICATION AND SUBMISSION INFORMATION 16

1. ADDRESS TO REQUEST APPLICATION PACKAGE 16

2. CONTENT AND FORM OF APPLICATION SUBMISSION 16

3. UNIQUE ENTITY IDENTIFIER/SYSTEM FOR AWARD MANAGEMENT 19

4. APPLICATION SUBMISSION REQUIREMENTS 19

5. FUNDING LIMITATIONS/RESTRICTIONS 20

6. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS 20

7. OTHER SUBMISSION REQUIREMENTS 20

V. APPLICATION REVIEW INFORMATION 20
1. EVALUATION CRITERIA 20
2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT 22
3. REVIEW AND SELECTION PROCESS 23
VI. FEDERAL AWARD ADMINISTRATION INFORMATION 24
1. FEDERAL AWARD NOTICES 24
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 24
3. REPORTING REQUIREMENTS 24
VII. AGENCY CONTACTS 25

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Prevention (CSAP) is accepting an application for the fiscal year (FY) 2024 to carry out a single source project - the National Anti-Drug Coalitions Training and Workforce Development Cooperative Agreement (Short Title: Coalitions Training Cooperative Agreement). The purpose of the award is to leverage existing resources to expand SAMHSA's prevention scope and capacity; to provide training to state and community prevention leaders, including members of anti-drug community coalitions from around the country who are committed to addressing the evolving needs of the behavioral health field; and to promote prevention workforce development. The recipient will be expected to support three events through this award: (1) SAMHSA's Prevention Day; (2) participation in the annual National Leadership Forum; and (3) annual Mid-Year Training Institute of the Community-Based, Advocacy-Focused, Data-Driven, Coalition-Building Association (CADCA). With this award, SAMHSA aims to disseminate knowledge and transfer state-of-the-art information to assist state and community leaders in developing and implementing evidence-based programs, practices, and policies.

Funding Opportunity Title:	National Anti-Drug Coalitions Training and Workforce Development Cooperative Agreement (Short Title:)
Funding Opportunity Number:	SP-24-003
Due Date for Applications:	May 24, 2024
Estimated Total Available Funding:	$675,000
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $675,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Up to 5 years
Anticipated Project Start Date:	September 30, 2024

Anticipated Award Date:	No later than September 29, 2024
Eligible Applicants:	Eligibility for this funding is limited to the Community-Based, Advocacy-Focused, Data-Driven, Coalition-Building Association (CADCA).
Authorizing Statute:	The Coalitions Training Cooperative Agreement is authorized under Sections 509, 516 and 520A of the Public Health Service Act, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of the Coalitions Training Cooperative Agreement is to leverage existing resources and conference support to enable SAMHSA to provide training and technical assistance to state and community prevention leaders, including members of anti-drug community coalitions from around the country who are committed to addressing the evolving needs of the behavioral health field. The award will also help enhance and build the prevention workforce.

The program's aim is to provide evidence-based information on the state of substance use and misuse in the nation to substance use prevention audiences. According to the National Survey on Drug Use and Health (NSDUH) data from 2022, 48.7 million people aged 12 or older (or 17.3% of this population) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder and 27.2 million who had a drug use disorder. In 2022 the estimates of past year SUD among people aged 12 or older was highest among young adults aged 18 to 25 (27.8% or 9.7 million people) compared to the estimates for all other age groups, and among American Indian or Alaska Native People (24%) compared to the estimates for people in all other racial/ethnic groups.

The events supported through this award include SAMHSA's Prevention Day (SPD) and participation in the annual National Leadership Forum and annual Mid-Year Training Institute of CADCA. These events aim to disseminate knowledge and transfer state-of-the-art information to assist state and community leaders in developing and implementing evidence-based programs, practices, and policies that address substance use and misuse across the life span and across the continuum of care. The activities of the project align with the 21st Century Cures Act, the Comprehensive Addiction and Recovery Act, the 2022 National Drug Control Strategy, the HHS Overdose Prevention Strategy, and the 2023 Consolidated Appropriations Act (CAA).

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.

The Coalitions Training Cooperative Agreement is authorized under Sections 509, 516 and 520A of the Public Health Service Act, as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project whether or not they receive a salary from the project. These staff members must make a major contribution to the project. Key personnel and staff selected for the project should reflect the diversity in the catchment area.

Key personnel for this program will be the Project Director (PD) and Project Coordinator, each at 20% level of effort. The Project Director will provide daily oversight of the award and the Project Coordinator will ensure that administrative tasks associated with meetings, exhibits, and registration activities for each event are supported and run smoothly. (**The PD and the Project Coordinator may be the same person.)** These positions require prior approval by SAMHSA after review of credentials of staff and job descriptions.

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

3. REQUIRED ACTIVITIES

You must provide a description in B.2. of the Project Narrative of how you plan to implement all the required activities listed below.

Recipients are required to carry out each of these activities:

1. SAMHSA's Prevention Day (SPD):

The award funds shall be used to provide a venue for SPD plenary and training sessions, collateral meetings, and exhibit opportunities. Support for SPD shall include the following activities:

- Online registration of SAMHSA staff and speakers through an existing CADCA registration system;
- Space for plenary sessions focused on SAMHSA's Strategic Priorities and Guiding Principles;
- Twelve (12) conference rooms/meeting spaces set aside for SAMHSA learning and engagement sessions equipped with internet access and audiovisual equipment. The space will be used to conduct 35-40 prevention-related workshops designed to translate knowledge and share evidence-based approaches in support of SAMHSA's Strategic Priorities and Guiding Principles;
- Large exhibit space equipped with internet and power access to showcase SAMHSA's Prevention Action Center exhibit;
- Scholarship assistance for up to 20 youth to attend SPD. The youth will be selected by CADCA through a competitive, nation-wide application process. CADCA will ensure that the process is equitable and inclusive, and that the youth selected come from diverse communities; and

- An evaluation report based on SPD workshops, plenary sessions, and SAMHSA's Prevention Action Center exhibit to improve future educational and training offerings.

2. CADCA National Leadership Forum (NLF):

The funds shall be used to support:
Plenary session focused on SAMHSA's Strategic Priorities and Guiding Principles to include the following:

- Office space;
- Seven (7) conference rooms/meeting spaces set aside for SAMHSA sessions and equipped with internet access and audio/visual equipment to conduct the following activities:
  - Four (4) prevention-related workshops designed to translate knowledge and share evidence-based approaches that support SAMHSA's prevention priorities; and
  - Three (3) sessions focused on substance use treatment, mental health, recovery, and co-occurring behavioral health issues.
- Other meeting room-related expenses;
- Online registration of SAMHSA staff and speakers through existing CADCA registration system. (The registration fees for 20 SAMHSA speakers as well as NLF staff will be waived);
- Internet service for ten users for three days;
- Training and workforce development event registrations and travel costs, including airfare, ground transportation, lodging, and per diem, to permit community adult and youth leaders and behavioral health consumers from diverse and under-represented groups (such as tribal communities) to attend and participate in the workforce and training events. This includes:
  - 40 state and community prevention leaders identified by CSAP;
  - 25 state representatives from the National Prevention Network identified by CSAP;
  - 20 youth leaders identified by CSAP;
  - Two subject matter experts/speakers identified by CSAP;
  - Ten (10) state and community leaders in substance use treatment and recovery support services identified by CSAT; and
  - Ten (10) state and community leaders in mental health promotion and mental health services identified by CMHS; and
- An evaluation report.

3. CADCA's Mid-Year Training Institute:

Award funds shall be used to support the following:

- Three half-day training sessions designed to translate knowledge on evidence-based practices and on topic areas aligned with SAMHSA's Strategic Priorities and Guiding Principles.

- Large exhibit space for the “Prevention Action Center” to showcase SAMHSA’s products and services.
- Registration and travel support including airfare, ground transportation, lodging, and per diem, for:
  - 10 adult leaders from underserved communities (as defined by EO 13895) identified by CSAP;
  - 10 youth leaders identified by CSAP; and
  - Two (2) subject matter experts/speakers identified by CSAP;
- Other meeting room-related expenses (i.e., shipping);
- Online registration system (Registration fees for 15 SAMHSA speakers and staff for the Mid-Year Institute will be waived); and
- An evaluation report.

4. Developing Youth Leaders across the three (3) conferences/events listed above

The recipient shall collaborate with health occupations career and technical assistance student organizations to identify 20 high school students to participate in strategic planning related to prevention. This should be a mix of diverse health occupations students and CADCA-involved youth, have representation from each of the 10 HHS Public Health Regions, and include youth from historically underrepresented communities. Award funds shall be used to support the following:

- Engaging the high school youth to identify 1-2 specific needs that have been presented to them from CSAP and to complete facilitated exercises, such as a consumer journey mapping (a visual representation of how youth experience the prevention activities they are being asked about). These exercises are intended to capture the students’ points of view in a way that is structured and useful to ongoing Strategic Priorities.
- Providing learning opportunities to these students by creating opportunities for them to engage with community coalitions and receive prevention and leadership training that will prepare them for a future career in substance use prevention and community coalition leadership across diverse settings.

4. ALLOWABLE ACTIVITIES

Not Applicable for this NOFO.

5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

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 Training and Technical Assistance (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 three 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.

Training and technical assistance on SPARS data collection and reporting will be provided after award.

The data you collect allows SAMHSA to report on key outcome measures. Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes. Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.

Specifically, the recipient is required to report performance on measures such as the following:

- Number of attendees;
- Effectiveness of session (e.g., relevant to area of work); and
- Participant satisfaction of quality of the event.

A recipient-led evaluation is required to build the evidence base for the events and associated activities funded. Recipients must report on evaluation questions and evaluation design, collect data, and report evaluation findings and recommendations. You will be provided with additional requirements on the scope and expectations of the evaluation upon 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 of improve behavioral health.[1] 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;
- 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;

[1] "Behavioral health" means the promotion of mental health, resilience and wellbeing; 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.

- *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;
- C*ollaboration 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 and, in some circumstances, 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, returning 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 people with lived experience 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 virtual recipient meetings and expects you to fully participate in these meetings.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Cooperative Agreement
Estimated Total Available Funding:	$675,000
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $675,000 per year, inclusive of indirect costs

Length of Project Period: Up to five (5) years

Anticipated Start Date: September 30, 2024

Proposed budgets cannot exceed $675,000 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

The award is being made as a cooperative agreement because it requires substantial post-award federal programmatic participation in the oversight of the project. Under this cooperative agreement, the roles and responsibilities of the recipient and SAMHSA staff are:

Role of Recipient:

The Recipient must:

1) Comply with terms and conditions of the cooperative agreement award, and
2) Collaborate with SAMHSA staff in project implementation and monitoring.

Role of SAMHSA Staff:

The Government Project Officer (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 one stage of a project before work may begin on a later stage during a current approved project period.
2) Maintain regular communication with the recipient through routine conference calls and the provision of technical assistance and consultation.
3) Review and approve all key personnel.
4) Review and approve performance data and progress reports.

The Grants Management Specialist (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

Eligibility for this award is limited to CADCA.

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 five 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.2 – 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 5**

  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***
    Letters of Commitment from organizations that will partner in the project.
  - ***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.

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 May 24, 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 six 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 SUCCESSFULLY 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)

You 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 Department of Health and Human Services (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-C 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-C) may be no longer than **10 pages**.
- You must use the three 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: Proposed Implementation Approach
(45 points – approximately 5 pages not including Attachment 4 - Project Timeline)

1. Describe the goals and measurable objectives) of your project (*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). Provide the following table:

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

2. Describe how you will implement the Required Activities 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 B: Staff and Organizational Experience
(35 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 training/TA 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. If applicable, include Letters of Commitment from each partner in **Attachment 1.** If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Project Coordinator) and other significant personnel. For each staff member describe their:
    - Role;
    - Level of effort; and
    - Qualifications, including their experience providing services to the population(s) of focus, familiarity with the culture(s) and language(s), and working with underserved and historically under resourced populations.

SECTION C: Data Collection and Performance Measurement
(20 points – approximately 2 pages)

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. (S*ee* the *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. I**dentify 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 Prevention's National Advisory Council (NAC) when the award is over $250,000.
- Availability of funds;
- The strengths and weaknesses of the application as identified by the peer reviewers. The results of the peer review are of an advisory nature. The program office and approving official make the final determination for funding.
- Submission of any required documentation that must be received prior to making an award;
- 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 Project Director 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

Recipients are required to submit semi-annual Programmatic Progress Reports (at 6 months and 12 months). The six-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 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

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 L Wilson
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
(240) 276-2588
David.Wilson@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
FOACSAP@samhsa.hhs.gov

For grant review process and application status questions, contact:

Tiffany Gray
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-0541
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