

Notice of Funding Opportunity
Application due 07/17/2026

HRSA

Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Screening Treatment for Maternal Mental Health and Substance Use
Disorders (MMHSUD)

HRSA-26-102



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Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Opportunity name: Screening & Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

Opportunity number: HRSA-26-102

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Enhancing maternal mental health and substance use disorder support to reduce chronic illness—one clinical provider connection at a time.

Summary

[The Screening and Treatment for Maternal Mental Health and Substance Use Disorders \(MMHSUD\) Program](#) helps improve mental health and substance use care for women during pregnancy and after birth. The program funds efforts that give obstetric, primary care, and other maternal health providers quick access to expert consultation, training, and care coordination support. The program aims to reduce barriers to care, with a focus on rural communities, Tribal communities, and areas with shortages of health professionals¹. Through these efforts, providers can increase routine screening, assessment, treatment, referrals, and recovery support for pregnant and postpartum women. Applicants may start a new program or expand or improve an existing one. Recipients must provide not less than a 10 percent non-federal match each year during the two-year period of performance.

Have questions? Go to [Contacts and Support](#).

Key facts

Opportunity name:

Screening & Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

Opportunity number:

HRSA-26-102

Announcement version:

initial

Federal assistance listing:

93.836

Key dates

NOFO issue date:

06/17/2026

Informational webinar:

View the recorded webinar at the open opportunities [website](#).

Application deadline:

07/17/2026

Expected award date is by:

08/31/2026

Expected start date:

09/30/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

Funding details

Application Types:

New

Expected total available funding in FY:

2026: \$1,400,000

Expected number and type of awards:

2 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$700,000

We plan to fund awards in a two-year performance period . The period of performance is from 09/30/2026 to 09/29/2028.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Types of eligible organizations

These types of domestic organizations may apply:

State governments

Native American tribal governments (Federally recognized)

Native American tribal organizations (other than Federally recognized tribal governments)

Additional information on eligibility

- The Secretary shall make grants to States, Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25).

* “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

Projects total cost

This program requires you to contribute 10% of the project’s cost. You can calculate this cost-sharing requirement in two ways:

No less than 10% cost sharing requirement

This program requires you to contribute no less than 10% of the project’s total cost. You can calculate this cost-sharing requirement in two ways:

Method 1: Start with the federal share.

Calculation: Divide the federal share by 9.

For example: $\$108,000 / 9 = \$12,000$.

Method 2: Start with the total project cost.

Calculation: Multiply the total project cost by 10%.

For example: $\$120,000 \times 10\% = \$12,000$.

You can meet your match requirement through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from your organization, partners, or other third parties.

We waive cost sharing requirements up to \$200,000 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau,

Federated States of Micronesia, and the Republic of the Marshall Islands. (48 U.S.C. 1469a(d)).

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

The MMHSUD Program helps improve maternal mental health and substance use disorder care for pregnant and postpartum women. It gives obstetric, primary care, and other maternal health providers quick access to teleconsultation, training, and care coordination support including resources and referrals. The program helps providers screen for, treat, and refer patients with depression, anxiety, and substance use disorders.

This program advances Make America Healthy Again (MAHA) priorities on mental health and strengthening services to tribes by improving early screening, identification and treatment for mental health and substance use conditions among pregnant and postpartum women. By integrating mental health and substance use disorder screening into routine maternal care, the program strengthens prevention, reduces overdose and maternal mortality risk, and improves long-term outcomes for mothers and infants. MMHSUD also supports MAHA's focus on expanding access to care in medically underserved and rural communities through provider training, care coordination, and telehealth-enabled consultation. Together, these efforts promote healthier families and more resilient communities nationwide.

Funding Opportunity Goals

- The main goal of the program is to improve maternal mental health and substance use disorder outcomes for pregnant and postpartum women by strengthening the capacity of obstetric, primary care, and other maternal health providers to conduct routine screening and assessment, provide timely treatment, and ensure appropriate referral and recovery support. The program also aims to reduce barriers to care, with a particular emphasis on rural communities and areas experiencing health professional shortages.

Background

Mental health conditions during and after pregnancy are common. These include depression, anxiety, and substance use disorders. When these conditions are not treated, they can harm both the mother and the baby. In severe cases, they can contribute to pregnancy-related death.¹

The United States has a higher maternal death rate than many other developed countries.² Reviews of pregnancy-related deaths in 36 states found that mental health conditions were the leading cause of death between 2017 and 2019. These conditions included suicide and overdose related to substance use disorder.³

Depression during pregnancy and in the year after birth is one of the most common health problems linked to childbirth. About 1 in 8 women report symptoms of depression during this time.⁴ Many women do not receive care. More than half of pregnant women with depressive symptoms were not treated.⁵ Federal survey data also show continued gaps in care after birth.⁶

Many communities do not have enough mental health providers, and this shortage is more severe in rural and medically underserved areas.⁷ As a result, many pregnant and postpartum women cannot get care when they need it. The U.S. Preventive Services Task Force recommends screening for depression during pregnancy and after birth.⁸ However, screening and follow-up care do not always occur. Strengthening the ability of obstetric, primary care, and other maternal health providers to screen, treat, and refer patients can help women get care earlier and improve health outcomes.

HRSA has supported programs in 15 states to help health care providers better address maternal mental health and substance use disorders. In 2018, seven states received funding through the Screening and Treatment for Maternal Depression and Related Behavioral Disorders pilot program. In 2023, [13 states](#) received funding through the MMHSUD program.

Program requirements and expectations

Your project should start a new maternal mental health and substance use disorder (MMHSUD) access program or expand an existing one. To meet the goals of this program, you are expected to:

- Build or expand a behavioral health team. The team should include:
 - At least one perinatal psychiatrist
 - At least one care coordinator (such as a nurse or social worker)

You may also include other professionals, such as addiction specialists or licensed mental health providers.

- Provide teleconsultation services. Offer teleconsultation to obstetric, primary care, and other maternal health providers. These services should help providers screen, assess, treat, and refer pregnant and postpartum women with mental health or substance use conditions. You may provide limited direct patient services when needed to help manage complex cases and strengthen provider skills.
- Offer evidence-based, trauma-informed training to maternal health providers. Training may be in person or virtual. Training should include screening and assessment, brief intervention, treatment, referral and follow-up support and implementation of clinical protocols and screening tools in routine care. You may offer incentives, such as continuing education credits.
- Develop resources for providers
 - Develop or provide resources for maternal health providers that are tailored and responsive to the populations they serve.
 - Deliver trauma-informed and evidence-based resources and services to maternal health providers.
 - Ensure that maternal health providers are equipped to provide optimal access to services for pregnant and postpartum women in rural areas and areas experiencing health professional shortages.
- Develop or enhance a referral database.
 - Maintain an up-to-date referral database of mental health and substance use disorder services in communities, including location of services, telehealth

capabilities, and services addressing health-related social needs (e.g., housing instability, food insecurity, transportation barriers).

- Ensure the referral database includes mental health and substance use disorder services in communities that are accessible and relevant to the needs of rural areas, tribal areas and areas experiencing health professional shortages.
- Training and provision of services must be culturally and linguistically appropriate.
- Share information about the [Maternal Mental Health Hotline](#) with maternal health providers.
- Conduct provider outreach and recruitment.
 - Develop an enrollment or other process for providers to access teleconsultation services.
 - Create a marketing plan to reach providers.
 - Recruit providers that serve rural areas, tribal areas and areas experiencing health professional shortages.
- Collaborate across state and regional programs with existing MMHSUD, [Pediatric Mental Health Care Access \(PMHCA\) Programs](#), or related access programs in neighboring states or regions to prevent duplication and share promising practices.
- Develop and/or enhance partnerships with, [Federally Qualified Health Centers \(FQHCs\)](#), [Rural Health Clinics \(RHCs\)](#), [Certified Community Behavioral Health Clinics \(CCBHCs\)](#), area hospitals and health systems, tribes or tribal health organizations, and other organizations that will expand the reach of your project.
- Take part in HRSA’s technical assistance activities. Share promising practices and lessons learned with other MMHSUD award recipients.
- Collect and report demographic information on required measures through the Discretionary Grant Information System (DGIS) as noted in the reporting section. Primary measures include:
 - Number of providers using your program for consultation (teleconsultation or in person) and care coordination support services for treatment and referral of pregnant and postpartum women with behavioral health conditions
 - Number of pregnant or postpartum women about whom a provider contacted your program for consultation or referral
 - Number of providers trained through your program to better screen, treat, and refer pregnant and postpartum women with behavioral health conditions

Statutory authority

[42 U.S.C. § 247b-13a \(§ 317L-1 of the Public Health Service Act\)](#)

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Providing oversight and subject matter expertise in the planning and development of all phases of this cooperative agreement.

- Participating in appropriate meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects.
- Reviewing the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement on an ongoing basis.
- Assisting in the establishment and facilitation of effective collaborative relationships with federal and state contacts, HRSA-funded recipients, and other entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work.
- Conducting the review and providing approval of the grant materials used for public distribution produced through this cooperative agreement.
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Completing activities proposed in response to this NOFO.
- Meeting with the federal project officer to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity.
- Providing ongoing, timely communication and collaboration with the federal project officer, including holding regular check-ins.
- Collaborating with HRSA on ongoing review of activities; procedures and budget items; information/publications prior to dissemination; contracts; and interagency agreements.
- Establishing contacts relevant to the project's mission, such as with federal and non-federal partners and other HRSA projects.
- Assuring that all recipient administrative data and performance measure reports, as designated by HRSA, will be completed, and submitted on time. Participating in HRSA's TA and evaluation activities for the MMHSUD program; to include data monitoring, evaluation, and capacity building assistance.
- Willingness to adapt as necessary to meet the required goals and objectives of the program.
- Submitting all grant materials produced under this cooperative agreement that will be used for public distribution to HRSA for review and approval.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- If we receive more funding for this program, we may:

- Fund more applicants from the rank order list.
- Extend the period of performance.
- Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

Step 2: Get Ready to Apply

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide](#).

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-102.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar.

Join the webinar

For more information about this opportunity, visit the HRSA's open opportunities website. The webinar will be recorded.

Have questions? Go to [Contacts and Support](#).

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> Project narrative Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Agreements with other entities	Yes
<input type="checkbox"/> 5. Project organizational chart	Yes
<input type="checkbox"/> 6. Tables and charts	Yes
<input type="checkbox"/> 8. Request for Funding Priority	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.

Forms	Submission requirement
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

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

Application page limit: 60

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the [Application Guide](#).

Project narrative

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project. Be sure to:

- State whether this is a new project in your state or region, or an expansion of an existing project.
- Explain how you will either start or continue a statewide or regional MMHSUD program.

Need

See merit review criterion 1: [Need](#)

In this section, show why there is a need for your project and whom your project will help. Be sure to:

- Briefly describe how common maternal mental health and substance use disorders are among pregnant and postpartum women in your service area. Use recent data and cite your sources to identify disproportionately affected populations, including racial and ethnic minority groups, rural communities, Tribal communities (if applicable), Medicaid beneficiaries, and people living in Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas or Populations (MUAs/Ps).
- Describe gaps in access to maternal behavioral health services, including shortages of perinatal psychiatrists and behavioral health providers, barriers to screening and treatment implementation, referral limitations, and care coordination challenges.
- Include data from your state's most recent State Title V Needs Assessment and Action Plan.
- If you already have a teleconsultation program, describe what's missing, and current unmet needs.

Approach

See merit review criterion 2: [Response](#)

Goals and objectives

- List your project goals. Explain how your project goals will meet these needs and make it easier for pregnant and postpartum women to get behavioral health services, especially in rural areas or areas experiencing health professional shortages.
- Include goals or objectives for each of the three main program components (consultation, provider training and resources/referrals).
- For each goal, include clear steps that are SMART: Specific, Measurable, Achievable, Realistic and Time-bound.

- Describe the activities you'll conduct to meet them.
- Explain how your project goals and objectives support the [purpose](#) of the MMHSUD program. If applicable, describe how you will expand access to behavioral health services in a [Health Professional Shortage Area \(HPSA\)](#) or a Medically Underserved Area/Population (MUA/P); or other high-need areas. Use federal data, such as [Rural-Urban Commuting Area \(RUCA\) codes](#), to support your explanation.
- Describe how your teleconsultation services will expand access in rural areas and areas experiencing health professional shortages. This may include providing MMHSUD services to tribal areas, neighboring states, or other jurisdictions where programs do not exist or may end due to financial, infrastructure, or capacity issues.
- Identify the types of providers you plan to engage in your program. These may include obstetricians, nurse midwives, family physicians, and nurse practitioners. You may also include psychiatrists, psychologists, counselors, doulas, peer recovery specialists, community health workers and others.
- Describe how you will build partnerships with [Federally Qualified Health Centers \(FQHCs\)](#), [Rural Health Clinics \(RHCs\)](#), [Certified Community Behavioral Health Clinics \(CCBHCs\)](#), area hospitals and health systems, tribes or tribal health organizations, and other organizations. Explain how these partnerships will expand the reach of your project.

Program Staffing

- Describe the staff and organizations that will provide teleconsultation, training, resources. Explain their roles, skills, and how they will meet the needs of the providers you will serve. List the names and credentials of any psychiatric providers who have agreed to work on the consultation line.

Consultation services

- Describe your teleconsultation line. Explain how it works or how it is currently used. If funded, describe any changes or improvements you plan to make.
- Describe how you'll track who uses the consultation line.

Provider training

- Describe your plan to provide evidence-based training. Explain how the training will meet the needs of providers and focus on trauma-informed care.
- Describe how you will track who attends training. Explain how you will measure what they learn or change in their behavior toward addressing behavioral health conditions.

Resource and referral database

- Explain your plan to build or improve a resource and referral database that helps maternal health providers and practices find local resources and referrals.

Provider engagement

- Describe how you will recruit providers, especially those in rural areas, tribal areas and areas experiencing health professional shortages, or serving Medicaid patients.

- Describe challenges to engaging providers (including tribal providers) how this could affect your program, and what you'll do to solve these issues.

Outreach, education, collaboration, and communication

- Share how you'll spread the word about your program to others through outreach, education, and partnerships.
- Describe how you'll connect with maternal health providers and practices to get them involved in your program.

Participation in technical assistance

- Describe your commitment to participating in technical assistance activities, including sharing promising practices and lessons learned and engaging with the network of MMHSUD award recipients.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the objectives you outline in the [Approach](#) section during the performance period.
- Provide a more detailed work plan and timeline that links each activity to the program expectations, names responsible staff, and shows progress milestones for the performance period as [Attachment 1](#).
- Show meaningful support, collaboration, and coordination with key groups in planning, designing, and implementing activities.
- Describe how ready you and your expected partners are to work together to achieve project goals and expectations. Please include letters of agreement, memoranda of understanding, or description(s) of proposed or existing contracts (project-specific) in [Attachment 4](#).

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss challenges you'll likely meet in carrying out your work plan. Explain approaches that you'll use to resolve them.

Performance measurement and reporting

- Describe how you'll measure and track the project goals and objectives outlined in the [Purpose](#) section.
- Describe how you'll measure and track the [performance measures and reporting requirements](#).
- Describe how you'll collect qualitative and quantitative data showing the program's impact on pregnant and postpartum women in your target area.

Program evaluation and continuous quality improvement

Evaluations are expected to follow the [HHS Evaluation Policy](#), as well as the standards and best practices described in [OMB Memorandum M-20-12](#). In the description of your evaluation:

- Explain how you'll use data to guide how you carry out the project and support CQI.
- Describe how you'll assess knowledge and behavior change in providers.
- Describe how you'll use performance measurement and evaluation data to refine processes and improve outcomes.

See the [reporting](#) section for more information.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Briefly describe your organization's structure and scope of current activities, including what office will implement the program and what positions them to successfully implement this project.
- Describe how quickly you will be able to implement the project.
- Discuss how you'll follow the approved project, keep track of all federal funds that you and subrecipients use, and record all costs.
- Describe relationships with any organization, including subrecipients or contractors, you intend to partner with while conducting project activities. Include letters of agreement and/or descriptions of proposed contracts for the project in Attachment 4.
- Include an Organizational Chart in Attachment 5.
- Describe your key staff's experience, skills, and knowledge to carry out the project.
- Include a staffing plan and position descriptions of key personnel for the project in [Attachment 2](#). Include biographical sketches and resumes of key personnel for the project in [Attachment 3](#).
 - The Project Director and/or Program Manager should have adequate qualifications, proper experience, and reasonable time and effort dedicated to the project to fulfill their proposed responsibilities.
 - Other key personnel include a Fiscal Manager and a Data Manager.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

This program requires a two-year budget proposal. The SF-424A Budget Form outlines the budget categories for the two years of the project.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

Endnotes for Background Section

1. Centers for Disease Control and Prevention. Pregnancy-related deaths: data from maternal mortality review committees in 36 U.S. states, 2017–2019. Atlanta, GA: U.S. Department of Health and Human Services; 2022. Available at: <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>
2. Centers for Disease Control and Prevention, National Center for Health Statistics. Maternal mortality rates in the United States, 2022. Hyattsville, MD: U.S. Department of Health and Human Services; 2024. Available at: <https://www.cdc.gov/nchs/data/databriefs/db497.pdf>
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8. U.S. Preventive Services Task Force. Perinatal Depression: Preventive Interventions. Rockville, MD: Agency for Healthcare Research and Quality; U.S. Department of Health and Human Services; 2019 (updated 2023). Available at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions>

Attachments

Place your attachments in this order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything required in the [project narrative](#) section.

Attachment 2: Staffing plan and job descriptions

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the time you request for each staff position.

For each key staff member, attach a one-page job description. It should include their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 5: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

Attachment 6: Tables and charts

Attachment 7: Funding priority documentation

Provide documents that prove you qualify for a funding priority.

This program includes funding priorities authorized by federal law (42 U.S.C. § 247b-13a(c)).

A funding priority gives extra points to applications that meet certain conditions. Reviewers will add a set number of points to the total score if an applicant qualifies.

The MMHSUD Program has four funding priorities. Each priority is worth **1 point**. An applicant may receive up to **4 additional points**.

To receive a priority point, the applicant must:

Request the priority in **Attachment 7**, and

Provide clear proof that they meet the requirements.

- **Priority 1: Services in Primary Care Settings (1 Point)** - HRSA will award 1 point if the applicant plans to create, improve, or expand screening, prevention, or treatment services for maternal mental health or substance use disorders in primary care settings. Primary care settings may include obstetric offices, family medicine clinics, pediatric clinics, community health centers, or other similar settings.
- **Priority 2: Partnerships with Community-Based Organizations (1 Point)** - HRSA will award 1 point if the applicant currently works with, or plans to work with, one or more community-based organizations to support maternal mental health or substance use disorder services. The application must explain how the partnership will improve outreach, referrals, care coordination, or access to services.
- **Priority 3: Services in Areas of High Need (1 Point)** - HRSA will award 1 point if the applicant is located in, or will provide services in, an area with high rates of maternal mental health conditions, substance use disorders, or related health disparities. The applicant must provide data to show that the area has high need.
- **Priority 4: Health Professional Shortage Area (1 Point)** -HRSA will award 1 point if the applicant operates in a Health Professional Shortage Area (HPSA), including areas with shortages of maternity care providers. The applicant must include proof of this designation.

HRSA will not award priority points if Attachment 7 does not include the required information.

Attachment 8: Other Relevant Documents

You may use attachments 8 through 12 to add other relevant documents.

Attachment 9: Other Relevant Documents

You may use attachments 8 through 12 to add other relevant documents.

Attachment 10: Other Relevant Documents

You may use attachments 8 through 12 to add other relevant documents.

Attachment 11: Other Relevant Documents

You may use attachments 8 through 12 to add other relevant documents.

Attachment 12: Other Relevant Documents

You may use attachments 8 through 12 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary Form	With application.
Grants.gov Lobbying Form	With application.
Disclosure of Lobbying Activities (SF-LLL), optional	With application.

Forms	Submission requirement
Project/Performance Site Location(s)	With application.
Budget Information for Non-Construction Programs (SF 424A)	With application.
Key Contacts	With application.

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide](#).

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples](#).

Step 4: Understand Review, Selection, and Award

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	30 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points

Criterion	Total number of points = 100
5. Resources and capabilities	20 points
6. Support requested	10 points

Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

- Describes the purpose of the project
- Demonstrates the burden of maternal mental health and substance use disorders among pregnant and postpartum women in the proposed service area using current, relevant data and identifies disproportionately affected populations
- Describes gaps in access to maternal behavioral health services, including workforce shortages
- Incorporates findings from the most recent State Title V Needs Assessment and Action Plan.

Criterion 2: Response (30 points)

Goals and Objectives (5 points)

- Presents clear, aligned project goals and SMART objectives that address identified needs and support the purpose of the MMHSUD program.
- Includes goals and activities for all required program components: teleconsultation, provider training, and resource/referral support.
- Describes specific, feasible activities and a high-level work plan with timelines, responsible staff, and measurable milestones.

Approach (15 points)

- Demonstrates how teleconsultation services will operate or be enhanced, including strategies to expand access in rural areas, HPSAs, MUAs/Ps, Tribal communities (if applicable), or other high-need areas.
- Provides a plan for evidence-based, trauma-informed provider training and describes how participation and knowledge/behavior change will be tracked.
- Describes a plan to develop or enhance a resource and referral database to support providers in accessing behavioral health services and community-based resources.
- Identifies the types of maternal health providers and related professionals to be targeted for participation in the program.
- Outlines a realistic marketing, recruitment and engagement strategy, particularly for providers serving rural, medically underserved, Medicaid or tribal (as applicable) populations.

Program Staffing & Partnerships (5 Points)

- Demonstrates adequate staffing and expertise to deliver consultation, training, and referral services, including named psychiatric providers when available.
- Describes partnerships with key organizations (e.g., FQHCs, RHCs, CCBHCs, hospitals, tribes, health systems and others) that will expand program reach.
- Demonstrates readiness to implement the project and participate in technical assistance activities, including collaboration with other MMHSUD recipients.

Work plan & Resolution of challenges (5 points)

The panel will review the application for how well it:

- Describes how they will achieve each of the proposed objectives during the period of performance outlined in the Approach section.
- Provides a clear and feasible timeline that includes each proposed activity and identifies who is responsible for carrying out each activity.
- Identifies the role of key stakeholders, as needed, in helping to plan, design, and carry out all proposed activities.
- Demonstrates alignment between the high-level work plan described in the narrative and the more detailed work plan included in the attachments. (Attachment 1).
- Discusses challenges they are likely to encounter in designing and carrying out the activities described in the work plan.
- Explains feasible and appropriate approaches they will use to resolve identified challenges.

Criterion 3: Performance reporting and evaluation (20 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review the extent which your application:

- Describes a clear plan to measure and track progress toward project goals, objectives and activities.
- Describes how performance measures will be tracked.
- Demonstrates the capacity to collect and report timely, accurate qualitative and quantitative data showing program impact on pregnant and postpartum women.
- Explains how evaluation and performance data will be used to support continuous quality improvement (CQI).

Criterion 4: Impact (10 points)

- How effective key elements of the project are.
- The likely impact of your project on maternal health providers and the populations they serve.

Criterion 5: Resources and capabilities (20 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

Organizational information (10 points)

The extent to which the application:

- Demonstrates organizational capacity, structure, and experience to successfully implement the MMHSUD program.
- Demonstrates capacity to quickly begin implementing the program.
- Identifies the office responsible for implementation and provides an organizational chart reflecting clear lines of authority.
- Describes sound fiscal management systems to monitor federal funds, including oversight of subrecipients and contractors.
- Documents meaningful partnerships and working relationships with collaborating organizations, including subrecipients and contractors.
- Demonstrates that key personnel, including the Project Director/Program Manager, Fiscal Manager, and Data Manager, have appropriate qualifications, experience, and sufficient time commitment to carry out project activities.
- Includes a staffing plan, position descriptions, and biographical sketches for key personnel.

Performance Reporting and Evaluation (10 points)

The extent to which the application:

- Describes the capacity of the organization and staff to carry out performance reporting, monitoring, evaluation, and quality improvement activities.
- Describes how the project will assess changes in provider knowledge, skills, or clinical practice resulting from teleconsultation, training, and care coordination activities.
- Describes staff experience, skills, and knowledge related to data collection, performance measurement, evaluation, and continuous quality improvement.
- Demonstrates the capacity to collect, manage, and report data accurately and securely, including completion of required DGIS forms.
- Demonstrates that sufficient systems, processes, and resources are in place to support required reporting, evaluation, and continuous quality improvement activities.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable the costs are and how well they align with the project's scope.
- The extent to which the Project Director and key staff have adequate time devoted to the project to achieve project objectives.

- The adequacy of the plan for securing resources (in cash or in-kind) to fulfill the not less than 10 percent non-federal cost sharing/matching requirement in each year of the 2-year period of performance.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- [Alignment with HRSA Mission and Strategic Priorities](#).
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.

- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

You cannot appeal a denial, or the amount of funds awarded. Additionally, we may not make an award if you are delinquent on two or more Single Audit Report.

Funding priorities

This program includes a funding priority, based on 42 U.S.C. § 247b-13a(c) (§ 317L-1(c) of the Public Health Service Act). A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Services in Primary Care Settings (1 Points)

We will give you a funding priority if:

HRSA staff will award 1 point if the applicant plans to create, improve, or enhance screening, prevention, and treatment services for maternal mental health or substance use disorders in primary care settings. Primary care settings may include obstetric offices, family medicine clinics, pediatric clinics, community health centers, or other similar settings.

Priority 2: Partnerships with Community-Based Organizations (1 Points)

We will give you a funding priority if:

HRSA staff will award 1 point if the applicant currently works with, or plans to work with, one or more community-based organizations to support maternal mental health or substance use disorder services. The application must explain how the partnership will improve outreach, referrals, care coordination, or access to services.

Priority 3: Services in Areas of High Need (1 Points)

We will give you a funding priority if:

HRSA staff will award 1 point if the applicant is located in, or will provide services in, an area with disproportionately high rates of maternal mental health conditions, substance use disorders, or related health disparities. The applicant must provide data to show that the area has high need.

Priority 4: Health Professional Shortage Area (1 Points)

We will give you a funding priority if:

HRSA staff will award 1 point if the applicant operates in a Health Professional Shortage Area (HPSA) designated under 42 U.S.C. § 254e (§ 332 of the Public Health Service Act), including areas with shortages of maternity care providers. The applicant must include proof of this designation.

Other

A funding priority gives extra points to applications that meet certain conditions. Reviewers will add a set number of points to the total score if an applicant qualifies. The MMHSUD Program has four funding priorities. Each priority is worth 1 point. An applicant may receive up to 4

additional points. To receive a priority point, the applicant must: • Request the priority in Attachment 7, and • Provide clear proof that they meet the requirements. HRSA will not award priority points if Attachment 7 does not include the required information.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application submission and deadlines

Your organization’s authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Application deadline

You must submit your application by 07/17/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see “requesting a waiver” in the [Application Guide](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:

- Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
- Maintain strong internal controls.
- Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children’s health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards

development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isp/>.

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- **DGIS Performance Reports.** The Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.
- To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are: <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-26-102&ActivityCode=UK3>. The type of report required is determined by the project year of the award’s period of performance. You can see the full OMB-approved reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2026 - September 29, 2028 (administrative data and performance measure projections, as applicable)	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	September 30, 2026 - September 29, 2027	Beginning of each budget period (Year 2)	90 days from the available date
c) Project Period End Performance Report	September 30, 2027 -September 29, 2028	Period of performance end date	120 days from the available date

Contacts and Support

Agency contacts

Program and eligibility

Diane Tanman

Project Officer; Maternal Child Health Bureau Health Resources and Services Administration

Attn:

Screening & Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)
Health Resources and Services Administration

wellwomancare@hrsa.gov

301-443-5692

Financial and budget

TBD

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration

TBD

TBD

HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

Endnotes for Background Section

1. Centers for Disease Control and Prevention. Pregnancy-related deaths: data from maternal mortality review committees in 36 U.S. states, 2017–2019. Atlanta, GA: U.S. Department of Health and Human Services; 2022. Available at: <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>
2. Centers for Disease Control and Prevention, National Center for Health Statistics. Maternal mortality rates in the United States, 2022. Hyattsville, MD: U.S. Department of Health and Human Services; 2024. Available at: <https://www.cdc.gov/nchs/data/databriefs/db497.pdf>
3. Centers for Disease Control and Prevention. Pregnancy-related deaths: data from maternal mortality review committees in 36 U.S. states, 2017–2019. Atlanta, GA: U.S. Department of Health and Human Services; 2022. Available at: <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>
4. Centers for Disease Control and Prevention. Depression among women: PRAMS, 2018–2020. Atlanta, GA: U.S. Department of Health and Human Services; 2023. Available at: <https://www.cdc.gov/prams/php/data-research/index.html>

5. Centers for Disease Control and Prevention. Receipt of treatment for depression among pregnant women with depressive symptoms — United States, 2018. MMWR Morb Mortal Wkly Rep. 2020;69(19):588–592. Atlanta, GA: U.S. Department of Health and Human Services. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm>
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7. Health Resources and Services Administration. Health professional shortage areas (HPSA) data warehouse. Rockville, MD: U.S. Department of Health and Human Services; 2024. Available at: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.
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Footnotes

1. The MMHSUD statute (42 U.S.C. § 247b-13a) references “telehealth services, including for rural areas and medically underserved areas (as defined in section 254c–14(a) of this title),” and “a health professional shortage area designated under section 254e of this title.”

Endnotes for Background Section

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