

Follow the six steps
in the application process:

1. Review the Opportunity
2. Get Ready to Apply
3. Prepare Your Application
4. Learn About Review and Award
5. Submit Your Application
6. Learn About What Happens After Award

Substance Abuse and Mental Health Services Administration (SAMHSA)

**NOFO Name: 988 Suicide and Crisis Lifeline Crisis
Center Follow-Up Programs**

Short Title: Crisis Center Follow-Up Improvement

NOFO Number: FG-26-004

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: 988 Suicide and Crisis Lifeline Crisis Center Follow-Up Programs

Short Title: Crisis Center Follow-Up Improvement

Opportunity Number: FG-26-004

Announcement Version: Original

Federal Assistance Listing: 93.00R

Eligible Applicants: Eligibility is limited to crisis centers that are part of the 988 Suicide and Crisis Lifeline Network and provide 24/7 services.

See [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: **July 17, 2026**

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

Response to Executive Order 12372: See [Intergovernmental Review](#) and [Section J](#) in the *Application Guide*.

Important Resources

Applicants are expected to follow guidance provided in the [FY 2026 NOFO Application Guide](#) (the *Application Guide*). This document provides information about the application process, including registration, required attachments, budget, and federal policies and regulations. In addition, see the [SAMHSA Grants Glossary](#) for definitions of terms used in this NOFO.

Authorizing Statute

This program is authorized under section [520A of the Public Health Service Act](#) as amended [42 U.S.C. § 290bb-32].

Agency Contacts

Program and Eligibility Questions

James Wright, Acting Director
988 & Behavioral Health Crisis Coordinating Office
240-276-1615
988GrantsTeam@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1940
NOFOBudget.CMHS@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Angela Houde
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Summary

The purpose of the program is to expand efforts among Lifeline crisis centers to support individuals post-contact to provide continued support and linkages to decrease suicide, deaths by overdose and future crisis events by: (1) ensuring the systematic follow-up of suicidal persons who contact the 988 Suicide and Crisis Lifeline; (2) providing enhanced coordination of crisis stabilization, crisis respite, mobile crisis outreach (MCO) response services and other services on the crisis continuum of care; (3) reducing unnecessary police, fire and emergency medical services engagement to allow first responders to focus on public safety; and (4) improving connections to ongoing support and recovery for high-risk populations.

With this program, SAMHSA aims to significantly enhance continuity of care with engagement of hospitals, behavioral health organizations and services, as well as 911/Public Safety Answering Points, MCO and police, to safeguard and ultimately improve the well-being of individuals who are at risk of suicide. This program is designed to advance [SAMHSA Strategic Priorities](#) and the [Make America Healthy Again agenda](#).

Funding Details

Funding Type: [Cooperative Agreement](#)

Estimated Total Available Funding: \$7,500,000

Estimated Number of Awards: 30

Estimated Award Amount: Up to \$250,000 per year per award

Length of Project Period: Up to 3 years

Your annual budget cannot be more than \$250,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of the program is to expand efforts among Lifeline crisis centers to support individuals post-contact to provide continued support and linkages to decrease suicide, deaths by overdose and future crisis events by: (1) ensuring the systematic follow-up of suicidal persons who contact the 988 Suicide and Crisis Lifeline; (2) providing enhanced coordination of crisis stabilization, crisis respite, mobile crisis outreach (MCO) response services and other services on the crisis continuum of care; (3) reducing unnecessary police, fire and emergency medical services engagement to allow first responders to focus on public safety; and (4) improving connections to ongoing support and recovery for high-risk populations.

In 2023, more than 49,000 people in the United States died from suicide and over 12 million people had seriously thought about suicide. For people aged 10-14 and 25-34 years, suicide was the second-leading cause of death¹. Many help-seekers experience a recurrence of suicidal thoughts following a crisis contact. Prior evaluation studies have demonstrated a positive impact of Lifeline follow-up care. In one study, 90% of callers reported the follow-up contact helped keep them safe (Gould et al., 2018). There have been more than 19 million contacts since 988 launched in July 2022 but there is very little data on what level of follow-up is being done on these contacts.

The [988 Suicide & Crisis Lifeline](https://www.samhsa.gov/mental-health/suicidal-behavior/about) is a national hotline offering one-on-one support for mental health, suicide, and substance use-related problems for anyone 24/7 across the U.S. Calls, texts and chats to 988 Lifeline are answered by more than 200 local, independently owned and

¹ SAMHSA “About Suicide” <https://www.samhsa.gov/mental-health/suicidal-behavior/about> and “988 Key Messages” <https://www.samhsa.gov/mental-health/988/key-messages>

operated crisis contact centers. People can also call, text, or chat 988 if they are worried about a loved one who may need crisis support.

With this program, SAMHSA aims to significantly enhance continuity of care with behavioral health organizations and community services, as well as 911/Public Safety Answering Points, MCO and police, and engagement of hospitals to safeguard and ultimately improve the well-being of individuals who are at risk of suicide.

This program aligns with SAMHSA Strategic Priorities:

- Addressing serious mental illness
- Expanding crisis intervention care and services
- Preventing substance misuse, abuse, and addiction
- Helping individuals achieve long-term recovery and sobriety
- Improving access to evidence-based treatment for mental illness, substance use, and co-occurring disorders

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

In addition, applications must also align with [SAMHSA Strategic Priorities](#) and the application and budget narrative must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction.

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

Key Personnel

Key Personnel are essential to the successful implementation and oversight of your SAMHSA-funded project. These individuals, whether or not their salaries are paid by this grant, must play a substantive role in project execution and be actively involved in monitoring, reporting, and compliance activities throughout the project period.

The Key Personnel for this program are as follows:

- **Project Director (PD):** The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The level of effort should be a minimum of 15% of a full-time equivalent (FTE) position.
- **Data Administrator (DA):** The DA must oversee the data collection and reporting required for the grant. The DA should have training or experience collecting and managing data. The level of effort should be a minimum of 10% of a full-time equivalent (FTE) position.

Below are the expectations, requirements, and compliance obligations for Key Personnel under this NOFO:

- Key Personnel are expected to participate regularly in program monitoring and maintain consistent communication with SAMHSA staff.
- Key Personnel selected/hired for this grant must be based only on merit and qualifications. Executive Orders strictly prohibit using demographics (like race or sex) to give preference in hiring.
- Applicants are responsible for ensuring Key Personnel have the skills, time, and commitment to meet the expectations of the grant.
- If awarded funding, approved Key Personnel will be identified on the Notice of Award.
- Changes to Key Personnel require written prior approval from SAMHSA. This includes:
 - Replacing or removing Key Personnel, or
 - Reducing any Key Personnel's level of effort by 25% or more.

Required Activities

Funds for this program are primarily used to support capacity building. Capacity building involves strengthening the ability of your organization to meet identified goals so that it can sustain or improve the delivery of services.

- In the Project Narrative ([B.2](#)), you will provide a description of how you will implement all required activities listed below.

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

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

- Develop or enhance and implement follow-up protocol initiated within 24 hours of referral or care transition that includes documented verbal or written consent. Continue to conduct follow-up and assess suicide and overdose risk for a minimum of 90 days and up to 12 months. At minimum, provide follow-up for individuals in these categories:
 - Individuals who express suicidal ideation, behavior, or risk;
 - Individuals who are identified at imminent risk and receive voluntary or involuntary emergency and/or mobile crisis outreach team (MCOT) intervention;

- Individuals referred to 911 and referrals from Public Safety Answering Points (PSAPs);
 - Other individuals identified by the center as needing follow-up to ensure effective behavioral health service provision and support including those identified in substance use crisis.
- Ensure alignment with state and territory 911/988 integration protocols, in accordance with [988 & 911: Strengthening Crisis Response While Managing Risk and Liability](#), and individual 988 Crisis Contact Center requirements for emergency intervention and coordination of response. Coordinate with MCOTs to promote crisis de-escalation and safety planning, tailoring interventions to the needs of the individual and their support system.
- Partner with and/or obtain memoranda of understanding (MOUs) with crisis service providers and organizations which provide ongoing behavioral health and support services following crisis encounters to promote individual engagement and recovery. Through these partnerships, also develop processes for documenting follow-up and engagement while maintaining compliance with applicable privacy laws and regulations. These partnerships shall include community behavioral health resources, including Certified Community Behavioral Health Clinics.
- Link with appropriate state or territorial personnel (state 988 director or other point of contact) to ensure program processes are shared on a semi-annual (6 months) basis to demonstrate the impact of the program within state or territorial 988 services.
- Consider the communities (e.g., community and faith-based organizations, local government and public agencies, businesses, community leaders, local healthcare providers and emergency response agencies, etc.) that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages applicants to:
 - Engage communities, when practicable, during the design phase
 - Develop programs in consultation with communities benefiting from or impacted by the program, and
 - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.
- Participate in all applicable aspects of SAMHSA's national cross-site evaluation, to build an evidence base. You may be required to collect additional client-level or program-level data and involve subrecipients. See [Frequently Asked Questions \(FAQs\)](#) for more information on the requirements for the evaluation.

Allowable Activities

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

- Integrate peer-supported services into crisis system of care.
- Establish a relationship with additional organizations to provide follow-up services around suicide and mental health crises to their consumers. This can include other 988 centers, local government entities including health departments, behavioral health service providers, mobile crisis teams (MCTs), emergency medical and fire services, schools, hospitals or health care centers.

Eligibility

Eligible Applicants

Eligibility is limited to 988 Suicide and Crisis Lifeline (988 Lifeline) Crisis Centers that are part of the 988 Suicide and Crisis Lifeline Network and provide 24/7 services.

For general information on eligibility for federal awards, see [the Grants.gov website](#). For specific eligibility questions, see [Agency Contacts](#).

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

You must collect and report data and document your plan for data collection and reporting in [Section D](#) of your Project Narrative.

You must also report program-specific data in SPARS on a quarterly basis. Data collection, OMB-approved reporting tool, and related guidance will be provided post-award.

You can visit [SAMHSA's Performance Measures](#) webpage to view the performance measurement tools. Training and technical assistance on SPARS data collection and reporting will be provided after award. Award recipients will be expected to collect and report data on OMB-approved indicators. Examples of indicators used for this program in the past are:

- The number of individuals screened for suicide ideation as a result of the cooperative agreement.
- The number of individuals referred to crisis or other mental health services for suicide risk, ideation, or behavior.

- The number of people receiving evidence-based mental-health-related services after referral.
- The number of individuals who died by suicide.
- The number of individuals who attempted suicide.

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

988 call, chat, and text response data

Award recipients will also be required to collect and report on all 988 calls, chats, and text interaction data on OMB-approved indicators. Examples of indicators used for this program in the past are:

- Total number of follow-up connections or contacts
- Total number of follow-up attempts
- Total number enrolled in follow-up services
- Total number of contacts who declined follow-up services
- Total number of contacts that included a risk assessment
- Contacts made via phone call
- Contacts made via text message
- Contacts made via chat message
- Average number of follow-up attempts per individual
- Average number of follow-up connections per individual

Recipients will also be required to attempt to collect demographic data on individuals who are served through 988 (e.g., age, sex, military service status). Provision of demographic information is not a requirement for eligibility or receipt of 988 services.

In addition, recipients are required to report on their progress around addressing the goals and objectives identified in the Project Narrative (OMB-approved template will be provided).

These data will be collected monthly and reported in aggregate as part of the semi-annual Project Performance Assessment report. It will also be entered into Crisis Services Program Data Center (CSPDC) when submitting semi-annual reports to SAMHSA.

The final OMB-approved indicators to report on will be provided by SAMHSA program staff post- award. Other data sets, KPIs, or reports may be required based on SAMHSA direction.

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress toward relevant goals. Recipients are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project and achieving the outcomes you anticipated, and if any changes need to be made. You must review

your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

For more information on completing this section, see [Developing Goals and Measurable Objectives](#) and [Developing the Plan for Data Collection and Performance Measurement](#).

Cooperative Agreement Requirements

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

Your organization must:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Attend and take part in calls with your Government Project Officer (GPO).
- Attend and take part in virtual meetings.
- Receive approval from SAMHSA on any proposed changes, including implementation, if it differs from the scope of work submitted in response to this cooperative agreement.
- Provide information and feedback to SAMHSA that may improve the quality of the 988 Follow-Up response, including sharing relevant protocols, policies, or training materials; and participating in conference calls or other forums offered by SAMHSA to share relevant ideas and experiences.
- Notify SAMHSA promptly if the crisis center becomes aware of events or circumstances that may adversely affect their ability to respond to incoming calls, chats, and texts from the Lifeline.

SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance and consultation.
- Oversee publication of project results, as well as packaging and dissemination of products and materials to make findings available to the field.
- If needed, help you develop a selection process for subawards and review subrecipient contracts and awards.
- Recommend outside consultants for training, evaluation, and data collection.

- Will have overall programmatic responsibility for monitoring the progress of recipient sites, including conducting site visits. The GPO will provide substantial input, in collaboration with the recipients, both in the planning and implementation of the program and in evaluation activities and will make recommendations regarding program continuance.

Your **Grants Management Specialist (GMS)** within SAMHSA's Office of Financial Resources is responsible for ensuring that your project complies with all applicable federal laws, regulations, guidelines, and the terms and conditions of award. Your SAMHSA GMS will frequently participate with your SAMHSA GPO on monthly monitoring calls.

SAMHSA Strategic Principles and Other Expectations

When developing your project, you must consider [SAMHSA Strategic Priorities](#), which includes recovery, a commitment to innovation, data, gold-standard science, and access to high-quality services for all, which align with the Administration's [Make America Healthy Again](#) Initiative. In addition, there are other expectations included in [Section I](#) in the *Application Guide* that you must consider as you design your project.

As a part of the project funded under this NOFO, the recipient is required to adhere to the following principles where consistent with the authority and scope of the award and its activities:

1. **Evidence-Based and Outcome-Focused Practices:** Design and deliver services using evidence-based or evidence-informed approaches grounded in gold-standard science, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement and accountability.
2. **Program Integrity and Fiscal Stewardship:** Administer funds in accordance with all applicable federal statutes, regulations, and award conditions; maintain strong internal controls; and ensure the efficient and effective use of taxpayer dollars while preventing waste, fraud, and abuse.
3. **Partnership and Coordination:** Consistent with program purpose and authorization, coordinate with law enforcement, juvenile and criminal justice systems, civil courts and civil commitment systems (including Assisted Outpatient Treatment programs where available and in alignment with state law), crisis services (including the 988 Crisis and Suicide Lifeline), and state, tribal, territorial, local, and community partners, as appropriate, to engage individuals in prevention activities, treatment, and support while tailoring services to meet community needs.

In addition, the recipient should advance the following objectives in programs that are authorized to advance them:

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

As referenced in the [SAMHSA's Dear Colleague Letter](#) on MAT, if your proposed project funds training/TA related to MAT/MOUD, this funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Recipient Meetings and Technical Assistance

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

SAMHSA expects to hold a grantee meeting either virtually or in person. Grantees are expected to fully participate in all meetings and SAMHSA highly recommends participation from key staff supporting 988 crisis center follow-up improvements. If SAMHSA elects to hold an in person meeting, budget revisions will be permitted. Information regarding these meetings will be provided at a future date.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an unallowable expense.
- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization's existing capitalization/amortization policies.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- 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.
- Discretionary awards must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction.
- Discretionary awards must not support "housing first" policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

You must also comply with SAMHSA's Standards for Financial Management, Standard Funding Restrictions and Principles in [Section G](#) in the *Application Guide*.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Applications must also align with [SAMHSA Strategic Priorities](#).

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

Step 2: Get Ready to Apply

Get Registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

eRA Commons

You must register in [eRA Commons](#). Register at least six weeks before the application deadline.

See guidance at [eRA Help and Tutorials](#) and [Section A](#) in the *Application Guide*.

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: FG-26-004.

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

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
<input type="checkbox"/> Project abstract	Project Abstract Summary Form	1 page
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	10 pages
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None

Attachments

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

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment, if applicable	None
<input type="checkbox"/> 2. Data collection instruments and interview protocols	None
<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages
<input type="checkbox"/> 5. Biographical sketches and position descriptions	2 pages
<input type="checkbox"/> 6. Confidentiality and SAMHSA Participant Protection	None
<input type="checkbox"/> 7. Letter to the State Point of Contact	None
<input type="checkbox"/> 8. Documentation of nonprofit status	None
<input type="checkbox"/> 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component	Page limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Project/Performance Site Location(s)	None

Application Contents and Format

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

The following links contain information on:

- [Formatting instructions and information on system validation requirements](#)
- **Completing forms and required components** ([Section A](#) in the *Application Guide*)

Project Abstract

Page limit: 1 page

Your project abstract should include:

- The project name,
- The geographic area that will be reached through the grant activities and the capacity development needed in the geographic area that will be addressed through the grant,
- The population of focus that will benefit from the capacity building,
- If services will also be provided, include a description of the population planned to be served (age range, distribution, clinical characteristics, e.g. diagnoses, service needs, etc.),
- Strategies and interventions to increase capacity that will be implemented through the grant,
- Project goals, and
- Measurable objectives (whenever possible, focus on objectives that relate to [SAMHSA Strategic Priorities](#)).

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

Project Narrative

Page limit: 10 pages

Filename: Project narrative

In developing your Project Narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).

- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 10-page limit.

Budget Narrative

Page limit: none

Filename: BNF

The budget narrative supports the information you provide in Standard Form 424-A. See [Other Required Forms](#).

It includes added detail and justifies the costs you request. As you develop your budget, consider:

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

To create your budget narrative, see detailed instructions and a template in the *Application Guide*.

Attachments

You will upload attachments in Grants.gov using the **Other Attachments form** or in eRA ASSIST using the **Other Narratives Attachment form**.

Use only the following attachments listed. If your application includes any attachments not required in this document, they will be disregarded.

Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.

Name the attachments: Attachment 1, Attachment 2, and so on.

Attachment 1: Letter(s) of Commitment (LOC)

Include LOCs from any organization(s) partnering in the project. **Do not include any letters of support. Reviewers will not consider them.** A letter of support describes general support of the project, while an LOC outlines the specific contributions an organization will make in the project.

Attachment 2: Data Collection Instruments and/or Interview Protocols

If you are using standardized data collection instruments or interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument or protocol.

If the data collection instrument or interview protocol is not standardized, include a copy in Attachment 2.

Attachment 3: Sample Consent Forms

Include, as appropriate, informed consent forms for the collection of data.

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 3 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in [Required Activities](#).

Attachment 5: Biographical Sketches and Position Descriptions

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

Attachment 6: Confidentiality and SAMHSA Participant Protection

See [Section E](#) in the *Application Guide* for full information about how to complete this required attachment.

Attachment 7: Letter to the State Point of Contact

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

Attachment 8: Documentation of Nonprofit Status

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

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

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Other Required Forms

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

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

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

It is recommended you review the sample [completed SF-424](#).

- **SF-424A BUDGET INFORMATION FORM** – Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - Section A** – Budget Summary:
 - As cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.
 - Section B** – Budget Categories:
 - As cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

Section C – Non-Federal Resources:

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

Section D – Forecasted Cash Needs:

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

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

- Enter the total funds requested for Years 1, 2, and 3. For example, if funds are being requested for three years total, enter the requested budget amount for each of those budget periods in columns b and c (i.e., two out years):
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period;

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

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

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

See the [Budget Template Users Guide](#) and the sample completed SF-424A forms [Sample SF-424A \(Match Not Required\)](#). For additional information, see [Section F](#) in the *Application Guide* and Budget Related [FAQs](#).

Step 4: Learn About Review and Award

Application Review

Initial Review

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

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

Merit Review

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

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

A: Population of focus and need statement (15 points – approximately 1 page)

1. Identify and describe the geographic catchment area where the project will be implemented and the population(s) that will be impacted by the capacity building in the targeted systems or agencies.
2. To the extent possible, describe the population(s) of focus in the catchment area in terms of age, sex (male/female), socioeconomic status, clinical characteristics, Veteran status, and system involvement (e.g., criminal justice, social services, child welfare).
Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.
3. Describe the need to increase the capacity of your organization to implement, sustain, and improve an enhanced and integrated follow-up program to impact the suicide and attempt rate in your area. Include information on the service gaps and other problems related to the need for capacity building. The data sources must be identified (e.g., [National Survey on Drug Use and Health \(NSDUH\)](#)). (Note: Citations may be included in an attachment and will not count towards the page limit.)

B: Proposed implementation approach (40 points – approximately 5 pages)

1. Describe the goals and measurable objectives of your proposed project. See [Developing Goals and Measurable Objectives](#). They must align with the Statement of Need in A.3.
2. Describe how you will implement all the [required activities](#) and selected allowable activities.
3. Describe how your proposed implementation approach will address [SAMHSA Strategic Priorities](#).
4. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 3 years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Organizational experience and staffing (25 points – approximately 2 pages)

1. Describe your organization's experience with follow-up after crisis contacts and coordination with local systems to support this follow-up.
2. Identify any other organization(s) you will partner with. Describe their specific roles and responsibilities for this project. LOCs from each partner organization must be included in **Attachment 1**. Indicate if you are not partnering with any other organizations.
3. Provide a complete list of all significant staff positions for the project, including the key personnel (Project Director at 15% minimum LOE and Data Administrator at 10% minimum LOE). For each, describe their:
 - Role
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
 - Qualifications, including their experience with similar projects.

D: Data collection and performance measurement (20 points – approximately 2 pages)

1. Describe how you will collect the required data for this project and how such data will be used to manage, monitor, and enhance the program. See [Developing the Plan for Data Collection and Performance Measurement](#).

Risk Review

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

We use SAM.gov [Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000.

You can comment on your organization's information in SAM.gov. We'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 Part 200](#).

Review and Selection Process

When making funding decisions, we consider:

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

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

- When the individual award is over \$250,000, approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be submitted prior to making an award.

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.

- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Award Notices

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

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

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

Step 5: Submit Your Application

Submission Requirements and Deadlines

Go to [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [Get Registered](#).

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

Deadlines

Application

Due on **July 17, 2026**.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in [Section A](#) in the *Application Guide*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application

successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.

- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

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

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

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

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

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's [standard terms and conditions](#) on our website.
- The regulations at [2 CFR Part 200](#) – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section H](#) in the *Application Guide*.

- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMHSA and presidential priorities and policies.
- SAMHSA may terminate an award in accordance with any of the conditions set forth in 2 CFR 200.340(a)(1)–(4), including when an award no longer effectuates program goals or agency priorities as provided in [2 CFR 200.340\(a\)\(4\)](#).

Reporting Requirements

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

Recipients must submit Programmatic Progress Reports (PPRs) twice per year:

- **Semi-Annual PPR:** Covers the first six months of the budget period. This report must be submitted no later than 30 days after the end of the second quarter.
- **Annual PPR:** Covers the full 12-month period and must be submitted within 90 days after the end of each budget period.

The **Programmatic Progress Report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving goals and objectives and implementing evaluation activities;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges;
- Problems encountered and efforts to overcome them.

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

After receiving your grant award, you will be required to submit various financial reports to SAMHSA. Please see [SAMHSA Reporting Requirements](#).