

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: Infant and Early Childhood Mental
Health

Short Title: IECMH

NOFO Number: SM-26-020

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Infant and Early Childhood Mental Health

Short Title: IECMH

Opportunity Number: SM-26-020

Announcement Version: Original

Federal Assistance Listing: 93.532

Eligible Applicants: Eligibility is statutorily limited to human services agencies or non-profit institutions.

Refer to [Eligibility](#) for complete eligibility information.

Key Dates

Application deadline: **July 16, 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

[42 U.S.C. 280h-6](#), Public Health Service Act, as amended.

Agency Contacts

Program and Eligibility Questions

Center for Mental Health Services

Brooke Sims

240-276-1861

InfantandEarlyChildhoodMentalHealth@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

Casey Graff

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Summary

The purpose of the Infant and Early Childhood Mental Health (IECMH) program is to develop or enhance evidence-based programs that promote social-emotional development and address mental health needs among infants and young children. The target population for this program includes infants and young children (birth to 12 years of age) who are at risk for, show early signs of, or have been diagnosed with a mental illness, including a serious emotional disturbance (SED¹) and their families or caregivers.

Your organization is expected to:

- Provide training to the infant and early childhood workforce, including mental health clinicians and other adults who care for infants and young children.
- Provide age-appropriate screening, assessment, and diagnostic services for infants and young children.

¹ For the purposes of this NOFO, the term 'serious emotional disturbance' includes, with respect to a child, any child who has a serious emotional disorder, a serious behavioral disorder, or a serious mental disorder.

- Provide infant and early childhood mental health promotion and/or early intervention services, including interventions that target the caregiver-child relationship and other services that support the caregiver.
- Provide Infant and Early Childhood Mental Health Consultation (IECMHC) to adults who care for young children.

With this program, SAMHSA aims to promote social-emotional development, the caregiver-child relationship, and positive long-term mental health outcomes for infants and young children.

This program is designed to advance [SAMHSA Strategic Priorities](#) and the [Make America Healthy Again agenda](#).

Funding Details

Funding Type: Grant

Estimated Total Available Funding: \$5,611,814

Estimated Number of Awards: 11

Estimated Award Amount: Up to \$500,000 per year per award

Length of Project Period: Up to 5 Years

Your annual budget cannot be more than \$500,000 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 Infant and Early Childhood Mental Health (IECMH) program is to develop or enhance evidence-based programs that promote social-emotional development and address mental health needs among infants and young children. The target population includes infants and young children (birth to 12 years of age) who are at risk for, show early signs of, or have been diagnosed with a mental illness, including serious emotional disturbance (SED), and their families or caregivers.

Early childhood mental health is foundational to lifelong health, learning, and well-being. This period represents the most rapid phase of brain development, during which early experiences

shape brain architecture and biological systems that regulate stress, emotion, and cognition.^{2,3} Exposure to toxic stress and adversity during these sensitive years can disrupt neurodevelopment and stress-response systems. Adverse childhood experiences (ACE) are associated with chronic disease, mental illness, substance misuse, and reduced educational and occupational attainment in adulthood, and are linked to several of the leading causes of death.^{4,5}

At the same time, protective factors, such as warm, responsive caregiving and enriched psychosocial environments during infancy are strongly associated with healthy brain development, stronger socioemotional functioning, and a lower risk of anxiety and depression later in life. Because early experiences become biologically embedded and shape trajectories for school readiness, physical and mental health, and long-term productivity, investing in early childhood mental health is a powerful public health strategy with lifelong benefits.

Healthy development occurs in the context of caregiving relationships; services funded under this program should support both children and their caregivers. As such, the IECMH program focuses on training the infant and early childhood workforce, providing age-appropriate screening, assessment, mental health promotion and intervention services, and delivering IECMHC to adults who care for young children.

This program aligns with the SAMHSA Strategic Priorities, such as 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.

² <https://www.cdc.gov/child-development/index.html>

³ <https://www.cdc.gov/children-mental-health/about/index.html>

⁴ <https://www.cdc.gov/aces/about/index.html>

⁵ <https://www.samhsa.gov/mental-health/trauma-violence/child-trauma>

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, even if their salaries are not paid with grant funds 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 is as follows:

Project Director (PD): The Project Director (PD) is responsible for overall project oversight, including the implementation of all required grant activities, providing strategic leadership, and ensuring compliance across all aspects of the program. The PD oversees the grant to ensure project goals are achieved, required data and reports are submitted in a timely manner, and all applicable regulations and requirements are met. **This position must be served by one individual who serves 1.0 level of effort 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.
- Key Personnel must 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 for providing services to clients.

In the Project Narrative, you will provide the following:

- [B.1](#): The unduplicated number of clients you propose to serve each year of the project
- [B.2](#): A description of how you will implement the required activities

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

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

1. Provide training to the infant and early childhood workforce

When: Within four months of award:

- Provide training to adults who care for infants and young children (e.g., pediatricians, early intervention specialists, child welfare staff, home visitors, early child-care teachers and staff). This should include training on such topics as the following:
 - Child development, trauma-informed care, caregiver-child relationship interventions and strategies that promote healthy social-emotional development, adverse childhood experiences awareness, regulation strategies, addressing and buffering toxic stress, early brain development, trauma and stress, validated screening tools, and other relevant issues.
- Provide training for mental health clinicians who work with infants and young children. This must include training on age-appropriate, evidence-based:
 - Screening, assessment, and diagnostic services.
 - Early childhood mental health promotion and/or intervention services, including interventions that target the caregiver-child relationship and other services that support the caregiver. Interventions can be relationship-based, home visiting, social-emotional learning, trauma-informed care, parenting interventions, and community-based support networks.

2. Provide age-appropriate screening, assessment, and diagnostic services for infants and young children

When: Within six months of award

Provide screening, assessment, and diagnostic services for infants and young children who are at risk for, show early signs of, or have been diagnosed with a mental illness, including SED. Validated screening tools may include, but are not limited to: [Ages and Stages Questionnaires](#) (ASQ), [Devereux Early Childhood Assessment](#) (DECA), [Survey of Well-being of Young Children](#) (SWYC)

3. Provide early childhood mental health promotion and/or early intervention services

When: Within six months of award

Provide evidence-based or evidence-informed early childhood mental health promotion, prevention, and intervention services including mental health treatment, for infants and young children who are at risk for, show early signs of, or have been diagnosed with a mental illness, including SED. Early childhood mental health promotion may include strengthening relationships, building social-emotional skills; while early intervention may include dyadic therapy, caregiver mental health supports, and targeted behavioral interventions—all designed to improve child behavior and family functioning.

These interventions can be/include: relationship-based, home visiting, social-emotional learning, trauma-informed care, and community-based support networks.

4. **Provide Infant and Early Childhood Mental Health Consultation (IECMHC) to adults who care for young children**

When: Within nine months of award

Provide IECMHC to early care and education programs. IECMHC is an evidence-based, indirect service that pairs mental health professionals (i.e. IECMH Consultants) with the adults who care for young children.

IECMHC Consultants are highly trained licensed or license-eligible professionals with specialized knowledge in childhood development, the effects of stress and trauma on families, the importance of attachment for young children, and the impacts of adult mental health on developing children.

IECMH Consultants build the capacity of adults who care for infants and young children (e.g., teachers, caregivers, child welfare workers, nurses) to support healthy social-emotional development and manage challenging behaviors.

Early childhood mental health consultation may occur in settings such as: Licensed or regulated center-based and home-based childcare, home visiting, preschools, special education, early intervention programs.

Allowable Activities

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

1. Coordinate services and supports for infants, young children, their families, and collaborate with the larger children’s system of care in your jurisdiction. These systems may include pediatric primary care, early intervention programs authorized under Part C of the Individuals with Disabilities Education Act (IDEA), home visiting programs, early childhood education programs, and child welfare agencies. Collaboration may include

shared training opportunities, coordinated screening and referral pathways, and joint service planning to ensure families receive timely and appropriate services.

2. Partner with other existing Infant and Early Childhood Mental Health (IECMH) programs to share information, resources, and collaborate on training opportunities.
3. Consider the communities that will be affected by this project and engage them in program planning and development. When practicable, applicants should:
 - Engage communities during the design phase of the program; and
 - Develop programs in consultation with communities that will benefit from or be impacted by the proposed services.

Eligibility

Eligible Applicants

Eligibility is statutorily limited to a human services agency or non-profit organization that:

- Employs licensed mental health professionals who have specialized training and experience in infant and early childhood mental health assessment, diagnosis, and treatment, **OR**
- Is accredited or approved by the appropriate state agency, as applicable, to provide for children, from infancy to 12 years of age, mental health promotion, intervention, or treatment services

AND

Your organization has at least two years of relevant experience providing infant and early childhood mental health services or programs.

NOTE: In **Attachment 8**, you must submit documentation of your non-profit status, if applicable.

NOTE: In **Attachment 1**, you must provide a written statement certifying that your organization meets the two-year experience requirement and applicable licensing, accreditation, and certification requirements are met, the eligibility requirements, and provide official documents. Refer to **Attachment 1**. **Applications that do not include a completed Attachment 1 will be screened out and not reviewed.**

NOTE: If you were funded under the Infant and Early Childhood Mental Health (IECMH) Grant Program **NOFO SM-22-006 in either FY 2023 or FY 2024**, you are not eligible to apply under this NOFO. A complete list of ineligible organizations can be found in [Appendix A](#).

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

Cost Sharing

This program requires cost sharing/match under [42 U.S.C. 280h-6](#) of the Public Health Service Act, as amended.

- You must agree to make available non-Federal contributions (in cash or in kind) that are not less than 10 percent of the total Federal funds provided in the grant. **NOTE: Funds cannot be awarded if you do not agree to make available non-Federal contributions.**
- Cost-sharing/match funds must go toward only the costs of approved project activities.
- For more information on cost-sharing, see [FAQs](#).

Data Collection, Performance Measurement, and Performance Assessment

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

You must collect and report on selected grantee-level indicators on a quarterly basis. Data collection instruments, OMB-approved reporting tools, and related guidance will be provided post-award. You will be required to report on measures related to the following:

- Number of individuals screened for mental health or related interventions.
- Number of individuals receiving mental health services.
- Number of individuals trained in mental health or related interventions.
- Number of people in the mental health and related workforce trained in specific mental health-related practices/activities.

Data are to be submitted quarterly in SPARS within 30 days of the end of each reporting period.

You will receive training and technical assistance on SPARS after award.

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

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress towards relevant goals.

You are required to submit programmatic progress reports that demonstrate if you are meeting the objectives you selected for this project, achieving the outcomes you anticipated, and if any changes need to be made.

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

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

Using Evidence-Based and Evidence-Informed Practices

SAMHSA funds are used to provide services or practices that are proven to be evidence based and are appropriate for the individuals to be served by the project. In [Section C](#) of the Project Narrative, you must identify the evidence-based practice (EBP) and/or evidence-informed practice (EIP) that will be used. For more information, see the [Grants Glossary](#).

If an EBP(s) exists for the individuals to be served and types of problems or disorders being addressed, it is expected you will use the available EBP(s). If an EBP does not exist but there are evidence-informed practices that are appropriate, you may implement these interventions. In [C.3](#), you must discuss how you will ensure the fidelity of the practice(s) you will implement.

You can visit SAMHSA's [Evidence-Based Practices Resource Center](#) to identify the appropriate practices for mental illness and substance use prevention, treatment, and recovery support that can be used in your project.

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider [SAMHSA 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, you are 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 community needs.

In addition, your organization should advance the following objectives in your program:

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. **Parental Rights and Family Engagement:** Engage and empower parents and caregivers in decision-making related to the care and support their children receive, protecting parental rights and ensuring maximum transparency.

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

As referenced in the [SAMHSA's Dear Colleague Letter](#) on MAT, if your proposed project funds MAT/MOUD, this funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

Upon achieving stability in treatment and building sufficient recovery support, *and at least annually*, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.

Recipient Meetings and Technical Assistance

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

We plan to hold virtual grant meetings and your full participation in those meetings is expected. You will be given more information about these meetings at a future date.

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

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an allowable expense⁶ in conjunction with mental and/or substance use disorder treatment services. The amount cannot be more than \$10.00 per client per day.
- You must comply with all applicable Federal anti-discrimination laws material to the government’s payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization’s existing capitalization/amortization policies.
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
 - Racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation;
 - Denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic;
 - Illegal immigration; 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*.

⁶ Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

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's Strategic Priorities](#). If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Other Requirements

Evidence of Experience and Credentials

SAMHSA trusts that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise can provide the required infant and early childhood services quickly and effectively.

Eligibility for this program is statutorily limited to a human services agency or non-profit organization.

In Attachment 1, you must provide:

1. **A written statement** certifying that your organization meets the two-year experience requirement and applicable licensing, accreditation, and certification requirements are met, including which eligibility requirements you meet:
 - Your organization employs licensed mental health professionals who have specialized training and experience in infant and early childhood mental health assessment, diagnosis, and treatment, **OR**
 - Your organization is accredited or approved by the appropriate state agency, as applicable, to provide children, from infancy to 12 years of age, mental health promotion, intervention, or treatment services
- AND**
 - Your organization has at least two years of relevant experience providing infant and early childhood mental health services or programs.
2. **Official documents** (such as licensure or certification) that show that the organization has provided relevant services for the last two years

The above requirements apply to you as the sole service provider organization. An individual's license cannot be used.
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NOTE: Applications that do not include a completed Attachment 1 will be screened out and not reviewed.

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 in [Section A](#) of the *Application Guide*.

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: SM-26-020.

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. Statement of Certification and Official Documents	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	See: Biographical Sketches
<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, if applicable	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 to be served,
- The population size in the service area and number of people to be served annually and throughout the lifetime of the project,
- The age range and distribution of the population planned to be served,
- The clinical characteristics (diagnoses, service needs, etc.) of the population planned to be served,
- Strategies and interventions that will be implemented through the grant,
- Project goals, 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 ask for. As you develop your budget, consider:

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

To create your budget narrative, see detailed instructions and a template in [Section F](#) in the *Application Guide*.

Attachments

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

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

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

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

Attachment 1: Statement of Certification and Official Documents

Eligibility for this program is statutorily limited to a human services agency or non-profit organization.

In Attachment 1, you must provide:

1. **A written statement** certifying that your organization meets the two-year experience requirement and applicable licensing, accreditation, and certification requirements are met, including which eligibility requirements you meet:
 - Your organization employs licensed mental health professionals who have specialized training and experience in infant and early childhood mental health assessment, diagnosis, and treatment, **OR**

- Your organization is accredited or approved by the appropriate state agency, as applicable, to provide children, from infancy to 12 years of age, mental health promotion, intervention, or treatment services

AND

- Your organization has at least two years of relevant experience providing infant and early childhood mental health services or programs.
2. **Official documents** (such as licensure or certification) that show that the organization has provided relevant services for the last two years

NOTE: Applications that do not include a completed Attachment 1 will be screened out and not reviewed.

Attachment 2: Data Collection Instruments and/or Interview Protocols

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

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

Attachment 3: Sample Consent Forms

As appropriate, submit sample consent forms that provide for:

- Informed consent for participation in service intervention
- Informed consent for participation in the data collection component of the project
- Informed consent for the exchange (release or request) of confidential information

Attachment 4: Project Timeline

Page limit: 2 pages

This attachment is scored by reviewers. Provide a chart or graph depicting a realistic timeline for the entire 5 years of the project period. Show dates, key activities, and responsible staff. The key activities must include the requirements outlined in [Required Activities](#).

Attachment 5: Biographical Sketches and Position Descriptions

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

Attachment 6: Confidentiality and SAMHSA Participant Protection and Human Subjects

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

Attachment 7: Letter to the State Point of Contact

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

Attachment 8: Documentation of Nonprofit Status, if applicable

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

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

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Other Required Forms

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

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

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
 - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization’s **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization’s EIN.
 - In **Line 8f**, enter the name and contact information of the PD identified in the budget and in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date), enter: a. Start Date: 09/30/2026; b. End Date: 09/29/2031.
 - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
 - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

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

- **SF-424A BUDGET INFORMATION FORM** – Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**
 - Section A – Budget Summary:**
 - As cost sharing/match **is required**, use the second row (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
 - Section B – Budget Categories:**
 - As cost sharing/match **is required**, use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
 - Section C – Non-Federal Resources:**
 - As cost sharing/match **is required**, use the second row (line 9) to report non-federal match for the **first year** only.
 - Section D – Forecasted Cash Needs:**
 - Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period.
 - Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.
 - Section E – Budget Estimates of Federal Funds Needed for the Balance of the Project:**
 - Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5).
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period;
 - (d) Third column is the budget for the fourth budget period;
 - (e) Fourth column is the budget for the fifth budget period.

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

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

It is highly recommended you use the [Budget Template](#) on the SAMHSA website. See the [Budget Template Users Guide](#) and the sample completed SF-424A forms at [Sample SF-424A \(Match Required\)](#). 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 up to five sections (Sections A-E) and you must use the section numbers and headings listed in the Evaluation Criteria (e.g., A.1, B.2) **before the response to each criterion**.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.

- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

A: Population of focus and need statement (10 points – approximately 1 page)

1. Identify who you will serve under this project and the geographic area where you will deliver services.
2. Describe the population you will serve in terms of age, sex (male/female), socioeconomic status, clinical characteristics, and any system involvement (e.g., 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 why there is a need for this project, including any service gaps and differences in access to infant and early childhood mental health services. Current prevalence rates or incidence data must be used to document the need. The data sources must be identified (e.g., [National Survey on Drug Use and Health \(NSDUH\)](#)).

Note: Citations may be included in an attachment and will not count towards the page limit.

B: Proposed implementation approach (30 points – approximately 5 pages)

1. Describe the goals and measurable objectives of your proposed project. See [Developing Goals and Measurable Objectives](#). They must align with the Statement of Need in A.3. Provide the following table:

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

2. Describe how you will implement all the [required activities](#) and selected allowable activities.
3. Describe how your proposed implementation approach will address [SAMHSA Strategic Priorities](#).
4. In [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 years of the program. It must include dates, required activities, and responsible staff. Indicate when you will begin to provide services. NOTE: The timeline does not count towards the page limit for the Program Narrative.

C: Proposed evidence-based practice (EBP) and/or evidence-informed practice (EIP) (25 points – approximately 2 pages)

1. Describe the validated screening, assessment, and diagnostic instruments that will be utilized to evaluate developmental and mental health needs of infants and young children.
2. Identify the EBP(s) and/or EIP(s) that you will use for infant and early childhood mental health promotion and/or intervention services. Discuss how each intervention or service was chosen and why it is appropriate for the infant and early childhood population.
3. Describe the EBP(s) that will be used to promote the caregiver-child relationship and other supportive services for the caregiver.
4. Describe any modification(s) you will make to the EBP(s) and/or EIP(s), and reasons the modification(s) are necessary. If you are not proposing to make any modification(s), indicate so in your response.
5. Describe how you will ensure the fidelity of the selected practice(s) that will be implemented. For more information about monitoring fidelity, see Fidelity Monitoring Tip Sheet.

D: Organizational experience and staffing (20 points – approximately 1 page)

1. Provide a detailed description of your organization's experience:
 - Implementing and sustaining infant and early childhood workforce development, mental health screening, assessment, diagnosis, promotion and intervention services, and Infant and Early Childhood Mental Health Consultation.
 - Providing services or programs that are evidence-based or that have been scientifically demonstrated to show promise but would benefit from further applied development.
2. Provide a complete list of all significant staff positions for the project, including the Key Personnel (**Project Director**). For each, describe their:
 - Role;
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
 - Qualifications, including their experience providing services to the infants and young children.

E: Data collection and performance measurement (15 points – approximately 1 page)

1. Describe the methods and systems you will use to collect and report performance-measure and measurable-objective data for this project, including how the data will be

used to monitor progress and assess success in achieving project goals. See: [Developing the Plan for Data Collection and Performance Measurement](#).

Risk Review

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

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

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

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

For more details, see [2 CFR Part 200](#).

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.
- Alignment with agency priorities. Before final funding decisions are made, applications will be reviewed for consistency with applicable laws and alignment with [SAMHSA 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. Decisions may be based on the following:

- Approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be received prior to making an award.

NOTE: In **Attachment 1**, you must provide a written statement certifying that your organization meets the two-year experience requirement and applicable licensing, accreditation, and certification requirements are met, eligibility is met and provide

official documents. **Applications that do not include a completed Attachment 1 will be screened out and not reviewed.**

- If you were funded under the Infant and Early Childhood Mental Health (IECMH) Grant Program **NOFO SM-22-006 in either FY 2023 or FY 2024**, you are not eligible to apply under this NOFO. A complete list of ineligible organizations can be found in [Appendix A](#).

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 16, 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. For more information, see [Section J](#) in the *Application Guide*.

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

Step 6: Learn What Happens After Award

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.

You are required to submit an annual Programmatic Progress Report (PPR) in years one through four and a cumulative Final Progress Report (FPR) in year five. You must use the OMB-approved Excel [Programmatic Progress Report \(PPR\)](#) template for your program.

You will need to submit your completed PPRs in eRA Commons.

The annual PPR for years one through four is due within 90 days of the end of each budget period.

The **Programmatic Progress Report** must discuss:

- Updates on key personnel, budget, or project changes (as applicable);
- Progress achieving grant goals and objectives stated in your application;
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges; and
- Success stories;

- Data to support program specific measures (PSM), including a list of evidence-based or evidence-informed trainings provided during the reporting period, participant count, primary audience and topic, and a brief description.

You must submit the FPR within 120 days of the end of the project. 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](#).

Appendix A: Ineligible Organizations

Grant Number	Grantee Institution	State	NOFO
SM086420	ALABAMA STATE DEPT OF MTL HLTH & MTL RET	AL	SM-22-006
SM086437	SAN YSIDRO HEALTH CENTER, INC.	CA	SM-22-006
SM086434	RADY CHILDREN'S HOSPITAL - SAN DIEGO	CA	SM-22-006
SM086429	EPISCOPAL COMMUNITY SERVICES	CA	SM-22-006
SM086425	ALLIES FOR EVERY CHILD, INC.	CA	SM-22-006
SM086419	EL CENTRO DE AMISTAD	CA	SM-22-006
SM086424	COMMUNITY HEALTH CENTER, INC.	CT	SM-22-006
SM086690	CHILDREN'S HOME & AID SOCIETY OF ILLINOIS	IL	SM-22-006
SM086426	LOYOLA UNIVERSITY IN NEW ORLEANS	LA	SM-22-006
SM086445	BAYSTATE MEDICAL CENTER, INC.	MA	SM-22-006
SM086383	CENTER FOR CHILD AND FAMILY HEALTH, INC.	NC	SM-22-006
SM086440	PONCA TRIBE OF NEBRASKA	NE	SM-22-006
SM086447	LAMPREY HEALTH CARE, INC.	NH	SM-22-006
SM086446	CARE PLUS NJ, INC.	NJ	SM-22-006
SM086443	MONTCLAIR STATE UNIVERSITY	NJ	SM-22-006
SM086422	CHILDREN'S HOME SOCIETY OF NEW JERSEY THE	NJ	SM-22-006
SM086448	ASSOCIATION TO BENEFIT CHILDREN	NY	SM-22-006
SM086428	OKLAHOMA DEPT OF MENTAL HLTH/SUBS ABUSE	OK	SM-22-006
SM086431	JOSEPH J PETERS INSTITUTE	PA	SM-22-006
SM086385	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	PA	SM-22-006
SM086386	FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC.	TX	SM-22-006
SM086439	WISCONSIN LUTHERAN CHILD & FAMILY SERVICE, INC.	WI	SM-22-006
SM086384	CHILDREN'S SERVICE SOCIETY OF WISCONSIN	WI	SM-22-006