FY 2024

FY 2024 Substance Abuse and Mental Health Services Administration (SAMHSA) Notice of Funding Opportunity (NOFO) Application Guide

FY 2024 APPLICATION GUIDE

UPDATED JANUARY 19, 2024

About the Application Guide

This Application Guide provides detailed instructions for preparing and submitting a grant application to SAMHSA's Notice of Funding Opportunities (NOFO).

Please review each section of the Application Guide carefully for step-by-step guidance on key parts of the application process, including the grant application process, the registration requirements, required attachments, and budget.

The Application Guide also provides valuable information about federal policies and regulations you must follow.

If you have any questions about the information in this document, contact the SAMHSA staff identified in Section VII of the NOFO.

Contents

Section A: Registration and Application Submission Requirements

1. GET REGISTERED ON THREE REQUIRED SYSTEMS

You must complete the registration processes for **all three systems** below to apply for any SAMHSA Notice of Funding Opportunity (NOFO):

1.1) System for Award Management (SAM);
1.2) Grants.gov; and
1.3) eRA Commons.

1.1 System for Award Management (SAM) Registration Process

SAM is a government-wide registry for entities doing business with the Federal Government. To create a SAM user account, go to https://www.sam.gov. Follow the guidance on the website to register and obtain a Unique Entity Identifier (UEI). You must register your organization with SAM to obtain a UEI. You cannot apply for an award without a UEI and Grants.gov rejects submissions from applicants with expired registrations. (The UEI replaced the Dun and Bradstreet Number [DUNS Number].)

It is important that you start the SAM registration process at least 6 weeks before the NOFO application deadline. It can take 7 to 10 business days for a new SAM entity registration to become active and for your organization to be assigned a UEI. You will receive an email from SAM.gov when your registration is active. A UEI is required for both recipients and sub-recipients, as needed.

If you have previously registered with SAM, it is important to log into your account and ensure that your registration is active. Your account expiration date can be found on the registration page for your organization.

After you register with SAM and receive your UEI, you must update the information every 12 months for your account to remain active. You must maintain an active SAM registration (for both recipients and sub-recipients) with up-to-date information during the period your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110.

SAMHSA recommends that you renew your SAM.gov account at least 2 months before the expiration date. It will take 48 to 78 hours to complete the renewal if your SAM account is active. If your SAM.gov account is inactive, it can take 7 to 14 days to renew the account.

1.2 Grants.gov Registration Process

Grants.gov is an online portal for submitting federal award applications. It requires a one-time registration to submit applications. eRA Commons registration is separate but can be done at the same time. Go to http://www.grants.gov/web/grants/register.html to register.

If you have already completed the Grants.gov registration and confirmed your **Grants.gov and SAM accounts are up to date and/or renewed,** go to the eRA Commons registration section below.

The person submitting your application must be registered with Grants.gov as the Authorized Organization Representative (AOR) for the UEI number entered in box 8c on the first page of the SF-424. See the Grants.gov Online User Guide.

1.3 eRA Commons Registration Process

eRA Commons is an online data platform that allows applicants, award recipients, and federal staff to securely share, manage, and process award-related information. Your organization must have a valid UEI number to complete the eRA Commons registration.

You must register your organization in eRA Commons and receive an eRA Commons Username to have access to electronic submission, receive notifications on the status of your application, and obtain award information.

If your organization is not registered and does not have an active eRA Commons Principal Investigator/Project Director (PI/PD) account by the deadline, the application will not be accepted. **No exceptions will be made.**

Registering your organization in eRA (first-time applicants):

- Your organization must identify a Signing Official (SO) to complete the registration. This individual must have the AOR role in Grants.gov and be listed in the Authorized Representative section on page 3 of the SF-424.

- The SO must complete and submit the online Register Institution form. Instructions on how to complete the form are on the Register in eRA Commons page. This is a one-time registration.

- After completing the registration institution form, the SO will receive an email regarding registration approval. The email will include the eRA Commons User ID for the SO account role. Once approved, the organization will have an active eRA Commons account. The SO should check their junk mail folder if they have not received the registration approval email.

- Once the SO account is active, they can create additional accounts for the organization. Organizations can have multiple user accounts with the SO role.

The SO role allows the user to create additional accounts for the organization, including creating the required account for the PI/PD.

- SAMHSA designates the person in the PI/PD role as the Project Director (PD). The PD must have an account with the "PI" role in eRA Commons.
    - The PD's information must be entered in section 8f (Name and contact information of person to be contacted on matters involving this application) on page 1 of the SF-424.
    - The PD's eRA Commons Username must be entered in Line 4 (Applicant Identifier) of the SF-424. **The individual designated as the SO cannot be the PD.**

2. COMPLETE THE APPLICATION

Sign up for Grants.gov updates to receive notifications for this NOFO.

2.1 Obtaining Paper Copies of Application Materials

You may request a paper copy of the application materials if your organization has difficulty accessing high-speed internet and cannot download the required documents.

Contact the Division of Grant Review at dgr.applications@samhsa.hhs.gov to receive paper copies.

2.2 Complete the Required Application Components

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application.

The application includes standard components and supporting documents.

Standard Application Components

The required standard application components include the Project Narrative and the budget. The following table includes a description of each document and where it can be found.

IMPORTANT: All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF.** See Formatting and Systems Validation Requirements in this document.

#	Standard Application Components	Description	Where to Find Document
1	SF-424 (Application for Federal Assistance) Form	Applicants must complete all sections of this form. The names and contact information for the Project Director (PD) and Signing Official (SO) must be entered on the form. • The PD must have an eRA Commons account with the PI role. The PD's eRA Commons Username must be entered in Line **4 (Applicant Identifier).** • The PD's name, phone number, and email address must be entered in Section **8f. APPLICANT INFORMATION: item f.** ***Name and contact information of person to be contacted on matters involving this application.*** The PD listed in the SF-424 must match the PD in the Personnel Costs section in the budget. • The SO name, title, email, and phone number must be entered in the **Authorized Representative** section fields on page three of the SF-424. • The organization mailing address is required in section 8. **APPLICANT INFORMATION** item **d. Address.** IMPORTANT: All Notices of Award (NoAs) will be emailed via eRA Commons to the PD and the SO identified on the SF-424.	Grants.gov/forms
2	SF-424 A (Budget Information – Non-Construction Programs) Form	This form must be completed. Fill out Sections A, B, D, and E. Section C should only be completed if there is a match requirement.	Grants.gov/forms
3	Project/Performance Site Location(s) Form	This form collects information on the physical location of the site(s) where the project will be implemented. The address cannot be a P.O. Box. The entire form must be completed.	Grants.gov/forms
4	Project Abstract Summary	The abstract should be no more than one page. In the first five lines or less, write a summary of your project that can be used in publications, reports to Congress, or press releases if your project is funded. The abstract should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, and project goals and measurable objectives, including the number of people to be served annually and for the entire project.	

#	Standard Application Components	Description	Where to Find Document
5	Project Narrative Attachment	The Project Narrative is your response to the Evaluation Criteria (Section V.1 of the NOFO). You must provide a comprehensive response for each of the evaluation criteria. In addition, you must not exceed the number of allowable pages as described in the NOFO. The Project Narrative file (Adobe PDF only) must be attached inside the Project Narrative Attachment Form.	
6	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative, in addition to Budget Form SF-424A. When developing a budget for your program, follow the guidelines in the **Budget and Justification** section of this document. These guidelines include details about budget categories to be included and how the amounts should be separated for different functions or activities within the program. You must also follow any existing federal award or agency guidelines that describe how budgeted amounts should be separately shown for different functions or activities within the program. **IMPORTANT: It is highly recommended that you use the budget template. (See Section IV.2 of the NOFO.)** The budget justification and narrative must be submitted as file name **"BNF."**	SAMHSA Website
7	SF-424 B (Assurances for Non-Construction) Form	You must read the list of assurances provided on the SAMHSA website and check the box marked "I Agree" before signing the first page (SF-424) of the application.	SAMHSA Website
8	Disclosure of Lobbying Activities (SF-LLL) Form	Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or State legislatures. **You must submit a signed copy of the SF-LLL form for SAMHSA to determine if your organization participates in lobbying activities.** If your organization does not participate in lobbying activities, indicate "Not Applicable" on the form.	Grants.gov/forms
9	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required supporting documents listed in the table below.	

Supporting Documents

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application.

For each of the following application components, attach each document (Adobe PDF format only) using the Other Attachments Form in ASSIST, Workspace, or other System to System (S2S) provider.

#	Supporting Documents	Description	Where to Find Document
1	HHS 690 Form	Every applicant must have a completed HHS 690 form (PDF | 291 KB) on file with the U.S. Department of Health and Human Services (HHS). Your signature on this form acknowledges that you agree to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975.	SAMHSA Website
2	Charitable Choice Form SMA 170 (Attachment 9)	**(Note: This form is only required for awards that fund substance abuse treatment and prevention services.)** See Section IV-2 of the NOFO to determine if you are required to submit Charitable Choice Form SMA 170.	SAMHSA Website
3	Biographical Sketches and Position Descriptions (Attachment 5)	See **Biographical Sketches and Position Descriptions** section of this document for instructions for completing this attachment. These forms allow SAMHSA to evaluate the qualifications of staff for the project and understand the duties they will be performing. Formatting requirements in Section B do not apply for these documents.	Biographical Sketches and Position Descriptions
4	Confidentiality and SAMHSA Participant Protection/Human Subjects (Attachment 7)	See the **Confidentiality and SAMHSA Participant Protection/Human Subject Guidelines** section of this document for requirements related to confidentiality, participant protection, and the protection of human subjects regulations. In Attachment 7, applicants must describe the safeguards they have in place to protect individuals from risks associated with their participation in the project.	Confidentiality and SAMHSA Participant Protection/Human Subject Guidelines

#	Supporting Documents	Description	Where to Find Document
5	Additional Documents in the NOFO	The NOFO will indicate the additional attachments you need to include in your application. Review Section IV and note all attachments that must be submitted with your application.	Section IV of the NOFO
6	Current Negotiated Indirect Cost Rate Agreement (NICRA) or Cost Allocation Plan	If your organization has a negotiated cost rate agreement or cost allocation plan, you must submit it with your application. SAMHSA will review your organization's NICRA to ensure that the negotiated rate is correctly reflected in your budget.	Standards for Financial Management and Standard Funding Restrictions
7	Other Support Page	Key personnel or other grant-supported staff must not exceed 100% level of effort across all federal and non-federal funding sources. Provide a list of active SAMHSA awards, to include the grant number, the designated key personnel, and level of effort for each.	

2.3 Additional Documents for Submission (SAMHSA Website)

You can find additional materials you will need to complete your application on the SAMHSA website.

3. SUBMIT APPLICATION

3.1 Electronic Submission (eRA ASSIST or Grants.gov Workspace)

After completing all required registration and application requirements, you must **electronically submit** the application using eRA ASSIST or Grants.gov Workspace. Information on each of these options follows:

eRA ASSIST – The Application Submission System and Interface for Submission Tracking (ASSIST) is a National Institutes of Health (NIH)-sponsored online interface used to prepare applications using the SF-424 form set, submitted electronically through Grants.gov to SAMHSA and other participating agencies, and tracks applications.

SAMHSA strongly recommends that you use ASSIST to ensure your application is submitted error-free in Grants.gov. (**Note:** ASSIST requires an eRA Commons ID to access the system.)

When using eRA ASSIST (the eRA Commons application package) to complete and submit your application, you should use the "ASSIST Validate Application" action to check your draft application for any errors or warnings.

You must correct any errors prior to submitting your application or the application cannot be successfully submitted. SAMHSA recommends that you fix warnings prior to submitting your application. Once no errors/warnings are found, you can submit your application.

Grants.gov Workspace – You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

The specific actions you need to take to submit your application will vary by submission method, as listed above. The steps to submit your application are described on the web pages below:

To submit to Grants.gov using ASSIST, see: eRA Modules, User Guides, and Documentation | Electronic Research Administration (eRA)

To submit to Grants.gov using the Grants.gov Workspace, see: https://www.grants.gov/applicants/workspace-overview/.

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons.

All applications that are successfully submitted must be validated by Grants.gov before proceeding to the eRA Commons system and validations.

3.2 Waiver from Electronic Submission

SAMHSA does not accept paper applications except under very special circumstances. You may request a waiver of electronic submission if you do not have the technology to apply online or your physical location has no internet connection. If you need special consideration, a waiver of this requirement must be approved in advance.

You must submit your written request to the Division of Grant Review at least 15 calendar days before the application due date.

Contact SAMHSA's Division of Grant Review at dgr.applications@samhsa.hhs.gov with any questions about the Electronic Submission waiver process.

3.3 Deadline

Electronic applications must be error-free and available to SAMHSA for processing from the eRA Commons system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than 11:59 PM Eastern Time on the application due date.

Applications submitted in Grants.gov after the due date will not be reviewed.

SAMHSA recommends that you allow enough time before the deadline to submit your application and to correct errors identified in the validation process.

You are encouraged to check the status of your application submission to make sure the application is complete and error-free.

3.4 Resources for Assistance

If you have problems submitting your application in Grants.gov, you must try to resolve them by contacting the Grants.gov Service Desk:

- By email: support@grants.gov
- By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.

Additional support is also available from the eRA Commons Service Desk:

- To submit a service request ticket: http://grants.nih.gov/support/index.html
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA.) The eRA Commons Service desk is available Monday to Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST, you can:

- Access the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist/
- Or contact the eRA Commons Service Desk: 301-402-7469 or (toll-free) 1-866-504-9552. (Press menu option 6 for SAMHSA.)

SAMHSA strongly recommends that you submit your application 24–72 hours before the submission deadline. Many submission issues can be fixed within this time frame and you can resubmit your application, if necessary.

4. AFTER SUBMISSION

4.1 System Validations and Tracking

After Submitting Your Application through Grants.gov Workspace

After you submit your application using Grants.gov Workspace, the application will require **two validation processes,** Grant.gov and eRA Commons.

First: Grants.gov Validation:

You will receive emails from Grants.gov letting you know the status of your application.

- The first email will confirm receipt of the application in Grants.gov and include your application tracking number.
- The second email will indicate that the application was either successfully validated by the Grants.gov system and sent to the agency OR the application was rejected due to errors.
- If Grants.gov errors are found and the system rejects your application with a "Rejected with Errors" status, you must address all errors and resubmit. Once you have successfully submitted the application through Grants.gov, you will receive an email stating the application has been sent to the agency.
- Once Grants.gov has successfully validated your application, it will go through the eRA Commons validation process.
- Do not assume that if your application passes the Grants.gov validations that it will successfully pass eRA Commons validations and will be received by SAMHSA.

You can also check the status of your application by logging into your Grants.gov Workspace account.

Note: It is important that you keep the Grants.gov tracking number. **Receipt of the Grants.gov tracking number is the only indication that Grants.gov has successfully received and validated your application.**

If you do not receive a Grants.gov tracking number, contact the Grants.gov help desk for assistance.

Second: eRA Commons Validation:

Once your application successfully completes the Grants.gov validation process, eRA Commons will check the application for its own validations.

- You will receive a System Error and/or Warning notification via email if errors and/or warnings are found during the eRA Commons validation process.

  There is a difference between System Errors and System Warnings.

  - **Warnings –** If you receive a Warning notification, you are **not required** to resubmit the application. The reason for the Warning will be described and

you can decide whether to correct the Warning and resubmit the application.

- **Errors –** If you receive an Error notification, it indicates the application was not successfully submitted. You **must correct the error and resubmit the application** through Grants.gov before the application due date and time**. (See Section 4.3, Resubmitting a Changed/Corrected Application).**

- **If you have not appropriately corrected errors, you will receive another System Error and/or Warning notification email.**

- It is critical that you allow for sufficient time to resubmit the application if errors are found.
- Once the application has been corrected and resubmitted, check your application status in eRA Commons to ensure it has been successfully submitted.

After Submitting your Application through ASSIST

After you submit your application using ASSIST, the application will automatically be sent to Grants.gov and forwarded to eRA Commons for SAMHSA review. Once the application has been submitted and forwarded, there will be a link in ASSIST called "View Submission Status Details" to track the progress of your application. The link will show a 7-digit Agency Tracking #, which is hyperlinked to the eRA Commons detailed status screen.

After clicking the hyperlink, you can verify that your application successfully processed through grants.gov, eRA Commons, and was submitted to SAMHSA.

4.2 System or Technical Issues

If you receive a system error that prevents you from completing the application submission process on time, the SO will receive an email from eRA Commons. SAMHSA strongly recommends that you contact the eRA Service Desk and submit a web ticket to document your good faith attempt to submit your application and determine next steps. See Section 3.4 of this document for more information on contacting the eRA Commons Service Desk.

4.3 Resubmitting a Changed/Corrected Application

If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or eRA Commons systems, you must contact SAMHSA's Division of Grant Review within **1 business day after the official due date at:** dgr.applications@samhsa.hhs.gov and provide the following:

- A case number or email from SAM, Grants.gov, and/or the eRA Commons that allows SAMHSA to obtain documentation about the cause of the error.

SAMHSA will consider the documentation to determine if you followed Grants.gov and eRA Commons requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met NOFO requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or eRA Commons to fail.

No exceptions for submission are allowed when user error is involved. Note that system errors are extremely rare.

Note: When resubmitting an application after making revisions, ensure the **Project Title is identical to the Project Title in the originally submitted application.** In addition, check the Changed/Corrected Application box in #1.

Section B: Formatting Requirements and System Validation

1. SAMHSA FORMATTING REQUIREMENTS

SAMHSA's goal is to review all applications submitted for funding. However, this goal is balanced against its obligation to ensure equitable treatment of applications. For this reason, there are formatting requirements for all applications, which are described below.

- Text must be legible. Pages must be typed in black, single-spaced, using Times New Roman 12-point font, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10-point only for charts or tables.

- **You must submit your application and all attached documents in Adobe PDF or your application will not be forwarded to eRA Commons and will not be reviewed. See Section 3 below for more details on PDF requirements.**

- See Section V.1 of the NOFO, Application Review Information, for the Project Narrative page limit. The application will not be reviewed if it is over the page limit.

- Citations can be put in an Attachment. They do not have to be placed in the Project Narrative.

- Use only black print throughout your application, including charts and graphs (no color).

- If you submit more than one application under the same announcement number, the Project Title in Field 15 of the SF-424 must be different for each application.

2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS

- Grants.gov allows the following list of UTF-8 characters when naming your attachments: A–Z, a–z, 0–9, underscore, hyphen, space, and period. eRA Commons will not accept other UTF-8 characters. See item #9 in the table below.

- Scanned images must be provided at 150–200 dpi/ppi resolution and saved as a PDF. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

- Any files uploaded or attached to the Grants.gov application must be PDFs and must contain a valid file format extension in the filename. Compressed file formats, such as ZIP, RAR, or Adobe Portfolio, will not be accepted.

3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS

The following formatting requirements and system validations are required by eRA Commons and will result in errors if not met. The application **must be "error free"** to be processed through eRA Commons.

ASSIST File Formatting Requirements

The eRA Commons system contains the following file formatting requirements for uploading documents in ASSIST:

Files for Upload to ASSIST must be:

- ☑ PDFs
- ☑ Less than 6MB in file size
- ☑ 8.5" x 11" page size
- ☑ Flat *(no fillable/editable fields)*

Files must **NOT** contain:

- ☒ Password protection
- ☒ Live hyperlinks *(only plain text URLs)*
- ☒ Bookmarks or signature boxes
- ☒ A filename exceeding 50 characters *(including spaces)*

Flatten Fillable Forms Prior to Upload in ASSIST

A completed fillable form (an electronic document that can be filled out and edited digitally) should not only be saved as a PDF. It must also be flattened to remove the interactive fields so that the final answers are saved. Flattening a form is different from "locking" it; locking a form restricts access to editing, printing, and copying the document.

- Follow the steps below to flatten a file:

1. Ensure that the form is completed and the information is correct. Go to the print settings by selecting **File > Print.**

2. On the pull-down menu of printer options, choose Adobe PDF or Microsoft Print to PDF, then click **OK.**

3. After clicking **OK,** a pop-up will open with options to save the PDF. Give the PDF a unique file name that differentiates the completed form from the original fillable form. File names cannot exceed 50 characters.

4. Open the document to confirm that the conversion worked.

If you do not follow these requirements, you will receive an email from era-notify@mail.nih.gov to address the errors so that your application can be submitted successfully. It is highly recommended that you submit your application 24–72 hours before the submission deadline to allow for enough time to correct errors and resubmit the application.

If you experience any system validation or technical issues after hours on the application due date, contact the eRA Commons Service Desk and submit a Web ticket to document your good faith attempt to submit your application.

eRA Commons Validation Table

The following table shows formatting requirements and system validations required by eRA Commons. Errors will result if these are not met.

eRA Validations	eRA Error Messages
#1. Applicant Identifier (Item 4 on the SF-424): The PD/PI Credentials (Commons account ID/Username) must be provided	The Commons Username must be provided in the Applicant Identifier field for the PD/PI.
Username (Commons account ID) provided must match a valid Commons account	The Commons Username provided in the Applicant Identifier is not a recognized Commons account.
Username must be affiliated with the organization submitting the application and/or have the PI role	The Commons account provided in the Applicant Identifier field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set up correctly.
#2. The UEI number provided must include valid characters (12 numbers)	The UEI number provided has invalid characters (other than 12 numbers)
#3. The documentation (forms) required for the NOFO must be submitted	The format of the application does not match the format of the NOFO. Contact the eRA Service Desk for assistance.
#4. If a change or correction is made to address an error, “Changed/Corrected” must be selected. Item #1 on the SF-424). Refer to Section 4.4 for more information on resubmission.	This application has been identified as a duplicate of a previous submission. The “Type of Submission” should be set to Changed/Corrected if you are addressing errors/warnings.

eRA Validations	eRA Error Messages
#5. The application cannot exceed 1.2 GB.	The application did not follow the agency-specific size limit of 1.2 GB. Resize the application to be 1.2 GB or less before submitting.
#6. The correct NOFO number must be provided.	The Funding Opportunity Announcement number does not exist.
#7. All documents and attachments must be submitted as PDFs.	The <attachment> attachment is not in PDF format. All attachments must be provided to the agency as PDFs with a .pdf extension. See information on PDF attachments.
#8. All attachments must comply with the following formatting requirements:	
PDF attachments cannot be empty (0 bytes).	The <attachment> attachment was empty. PDF attachments cannot be empty, password protected, or encrypted.
All PDF attachments cannot have metadata missing, be encrypted, password protected, or secured documents.	The <attachment> attachment contained formatting or features not currently supported by NIH: <condition returned>.
The size of PDF attachments cannot be larger than 8.5" x 11" (horizontally or vertically). (Note: It is recommended that you limit the size of attachments to 35 MB.)	Filename <file> cannot be larger than U.S. standard letter paper size of 8.5" x 11." See PDF guidelines.
PDF attachments must have a valid file name. Valid file names must include the following UTF-8 characters: A–Z, a–z, 0–9, underscore (_), hyphen (-), space, period.	The <attachment> attachment filename is invalid. Valid filenames may only include the following characters: A–Z, a–z, 0–9, underscore (_), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.
#9. The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) must contain a '@', with at least 1 and at most 64 characters preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special characters < > ( ) [ ] \ , ; : are not valid.	The submitted email address for the person to be contacted <email address>, is invalid. Must contain a '@', with at least 1 and at most 64 characters preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces, and special characters < > ( ) [ ] \ , ; : are not valid.
#10. Congressional district code of applicant (after truncating) must be valid. (SF-424, items 16 a and 16 b.)	Congressional district <Congressional District> is invalid. To locate your district, see http://www.house.gov/.

Budget Errors	
eRA Validations	**eRA Error Messages**
SF424-A: Section A – Budget Summary The total fields at the end of rows or at the bottom of columns must equal the sum of the elements for that row or column.	Ensure the sum of Grant Program Function or Activity (a) elements entered equals the total amounts in the Total field.
SF424-A: Section B – Budget Categories The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g).	Ensure the TOTALS l (Column 5, Row k, column 5) equals the Budget Summary Totals in section A, Row 5, Column g.
SF424-A: Section D – Forecasted Cash Needs The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g). The Non-Federal Total for the 1st Year sum must equal Estimated Unobligated Funds Non-Federal Totals in Section A (d-5) + New or Revised Budget Non-Federal Totals (f-5).	Ensure the Federal Total for the 1st year, in Section D-Forecasted Needs equals Section A, New or Revised Budget Federal Totals (Column e, Row 5) amount. Ensure the Non-Federal Total for the 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (Column d, Row 5) and New or Revised Budget Non-Federal Totals (Column f, Row 5) in Section A.
The Total for 1st Year TOTAL in Section D must equal the Total (Row 5, Column G) in Section A.	Ensure the Forecasted Cash Needs: Row 15 TOTAL equals SECTION A – Budget Summary Totals: Line 5,Column (g).
SF424-A: Section E – Budget Estimates of Federal Funds Needed for Balance of The Project The number of budget years/periods must match the span of the project. The number of years in the project period in Block 17 on the SF-424 must align with the future funding periods.	Ensure the project period years on the SF 424 block 17 match the budget periods in the SF-424A. Enter data for the first budget period in Section D and enter future budget periods in Section E.

Section C: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

CONFIDENTIALITY AND PARTICIPANT PROTECTION:

It is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. **As part of Attachment 7, all applicants (including those who plan to obtain Institutional Review Board [IRB] approval) must address all the elements below.** If some elements do not apply to your project, explain why they do not apply.

In addition to addressing these elements, you will need to determine if the section titled "Protection of Human Subjects Regulations" applies to your project. If it does, you must submit the required documentation described below. There is no page limit for your response to this section.

1. Protect Participants and Staff from Potential Risks

- Identify and describe the foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects **participants** may be exposed to because of the project.
- Identify and describe the foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects **staff** may be exposed to as a result of the project.
- Describe the procedures you will follow to minimize or protect participants and staff against potential risks, including risks to confidentiality.
- Identify your plan to provide guidance and assistance if there are adverse effects to participants and/or staff.

The following are responses that will be considered unacceptable or incomplete:

- *Indicating that there are **no risks** to participants. If services are being delivered as part of the project, it is **very unlikely** that there will be no foreseeable physical, medical, psychological, social, or legal risks or potential adverse effects as a result of their involvement in the project.*
- *Addressing potential risks to participants but not addressing risks to staff.*
- *Neglecting to describe how the organization will provide guidance and assistance in the event there are adverse effects to participants and whether alternative treatments will be available to participants.*

2. Fair Selection of Participants

- Explain how you will recruit and select participants, ensuring all populations have equitable opportunities to participate in the program.
- Identify any individuals in the geographic catchment area where services will be delivered who will be excluded from participating in the project and explain the reasons for this exclusion.

The following are responses that will be considered unacceptable or incomplete:

- *Not explaining reasons for including or excluding participants.*
- *Not identifying how participants will be selected.*

3. Absence of Coercion

- If you plan to compensate participants, describe how participants will be compensated for incentives (e.g., gift cards, bus passes, gifts). If you plan to implement a contingency management program, specify the evidence-based model you will use and briefly justify its use with your population(s) of focus. If you have included funding for incentives in your budget, you **must** address this item. (For specific information about incentives, see https://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives.)
- Provide a justification that the use of incentives is appropriate, judicious, and conservative and the incentives do not provide an "undue inducement" that removes the voluntary nature of participation.
- Describe how you will inform participants in a culturally competent manner that they may receive services even if they choose to not participate in or complete the data collection component of the project.

The following are responses that will be considered unacceptable or incomplete:

- *Indicating you do not plan to compensate participants through incentives but including funding for incentives in the budget or describing the use of incentives in the Project Narrative.*
- *Not specifying how participants will be told that they may receive services even if they choose not to participate in the data collection component of the project.*

4. Data Collection

- Identify who you will collect data from (e.g., participants, clients, family members, teachers, others).
- Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Identify the type of specimens (e.g., urine, blood) that will be used, if any. State if the specimens will be used for purposes other than evaluation.
- In **Attachment 2,** "Data Collection Instruments/Interview Protocols," you **must** provide copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the standardized instrument(s)/protocol(s). Include any culturally adapted data collection instruments and interview protocols.

The following are responses that will be considered unacceptable or incomplete:

- *Not clearly identifying all individuals from whom data will be collected.*
- *Describing the use of drug testing in the Project Narrative but not providing the requested information about specimen collection.*
- *Not including data collection instruments/interview protocols (or links to websites for the instruments) in Attachment 2.*
- *Not including how the data collection will occur (e.g., paper surveys versus electronic survey links; in a school setting or at the organization's clinic).*

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Describe:
  - Where the data collected will be stored,
  - Who will have access to the data collected, and
  - How the identity of participants will be kept private, for example, using a coding system on data records, limiting access to records, or storing identifiers separately from data.
- **NOTE:** Recipients must maintain the confidentiality of substance use disorder client records according to the provisions of **Title 42 of the Code of Federal Regulations (CFR), Part II, Subpart B.**

The following are responses that will be considered unacceptable or incomplete:

- *Not providing detailed information about where data are stored and how the identity of participants will be kept confidential.*
- *Not clearly identifying the individuals who will have access to the data.*
- *Not specifying that you agree to maintain the confidentiality substance use disorder client records according to the provisions of 42 CFR, Part II, Subpart B.*

6. Adequate Consent Procedures

- Include, as appropriate, sample consent forms* for:

  1. Informed consent for participation in the service intervention.
  2. Informed consent for participation in the data collection component of the project, including that participants are informed that they may receive services even if they choose not to participate in or complete this component of the project.
  3. Informed consent for the exchange (releasing or requesting) of confidential information.
  4. Informed consent for youth participants.

  **Consent forms should be written at no higher than 8th-grade reading level.*

- The sample consent forms must be included in **Attachment 3, "Sample Consent Forms."** If needed, provide translated forms.

- Explain how you will obtain consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

  NOTE: The consent forms should never imply that the participant waives or appears to waive any legal rights. The forms should also not imply that individuals cannot end involvement with the project or that your project or its agents will be released from liability for negligence.

The following are responses that will be considered unacceptable or incomplete:

- *Not providing copies of sample consent forms in Attachment 3.*

- *Not providing details on how consent/assent will be obtained for youth participants.*
- *Not providing details on how consent will be obtained for non-English-speaking populations identified in the application.*

7. Risk/Benefit Discussion

- Discuss why the risks you have identified in **1. Protect Participants and Staff from Potential Risks** are reasonable compared to the anticipated benefits to project participants.

The following are responses that will be considered unacceptable or incomplete:

- *Indicating there are no risks to participants in the first element and noting that this element is therefore not applicable.*
- *Not mentioning any anticipated benefits to participants involved in the project.*

PROTECTION OF HUMAN SUBJECTS REGULATIONS

SAMHSA expects that most recipients funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which require Institutional Review Board (IRB) approval. However, in some cases, your project may meet the regulation's criteria for research involving human subjects.

Although IRB approval is not required at the time of award, you must provide the documentation below prior to enrolling participants into your project.

Applicants whose projects must comply with the Human Subjects Regulations must:

- Describe the process for obtaining IRB approval for your project.
- Provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).
- Provide documentation that IRB approval has been obtained for your project prior to enrolling participants.

Information about Human Subjects Regulations is available from OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in **Section VII of the NOFO.**

Section D: Developing Goals and Measurable Objectives

This section provides information on developing goals and objectives for use in your Project Narrative. It also provides examples of well-written goals and measurable objectives. It is critical that you develop realistic goals and measurable objectives for SAMHSA to effectively evaluate your project.

GOALS

Definition − A goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence each.

The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.
- Goals lead clearly to one or more measurable results.
- Goals are concise.

Examples

Unclear Goal	Critique	Improved Goal
Increase the substance use and HIV/AIDS prevention capacity of the local school district.	This goal could be improved by *specifying an expected program effect in reducing a health problem*.	Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance use and/or HIV/AIDS.
Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use.	This goal is not concise.	Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use.

OBJECTIVES

Definition – Objectives describe the results to be achieved and how they will be achieved. Multiple objectives are generally needed to address a single goal. Well-

written objectives help set program priorities and targets for progress and accountability. SAMHSA recommends that you avoid verbs that may have vague meanings to describe the intended outcomes, such as “understand” or “know,” because they may be difficult to measure. Instead, use verbs that document action, such as: “By the end of 2024, 75% of program participants will be *placed* in permanent housing.” To be effective, objectives should be clear and leave no room for interpretation.

SMART is a helpful acronym for developing objectives that are ***specific, measurable, achievable, realistic, and time-bound*****:**

Specific –
Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

Measurable –
How much change is expected? It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, SAMHSA recommends that you incorporate its use into the objective. Example: “By 9/2024, increase by 10% the number of 8th-, 9th-, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.”

Achievable –
Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

Realistic –
Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two former gang members will make one school presentation each week for two months to raise community awareness about the presence and impact of gang involvement” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

Time-bound –
Provide a time frame indicating when the objective will be measured or a time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

Examples:

Non-SMART Objective	Critique	SMART Objective
Teachers will be trained on the selected evidence-based substance use prevention curriculum.	The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.	***By June 1, 2024, LEA supervisory staff*** will have trained ***75% of health education*** teachers ***in the local school district*** on the selected, evidence-based substance use prevention curriculum.
90% of youth will participate in classes on assertive communication skills.	This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills.	By the ***end of the 2024 school year, district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in the middle school*** receiving the ***substance use and HIV prevention curriculum.***
Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths.	This objective is not SMART as it is not *specific, measurable,* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and by *when* the training will be conducted.	***By the end of year two of the project***, the ***Health Department*** will have trained ***75% of EMS staff in the County Government*** on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths.

Section E: Developing the Plan for Data Collection and Performance Measurement

This information should be taken into consideration when developing your response to the evaluation criteria in the Data Collection and Performance Assessment section of the Project Narrative.

Data Collection:

Describing your plan for data collection, consider addressing the following points:

- Electronic data collection software that will be used.
- Frequency of data collection.
- Organizational processes that will be implemented to ensure the accurate and timely collection and input of data.
- Staff responsible for collecting and recording the data.
- Data sources and data collection instruments to be used to collect the data.
- How the data collection methods will take into consideration the language, norms, and values of the population(s) of focus.
- Processes and policies to keep data secure.
- If applicable, the data collection procedures to ensure confidentiality is protected and informed consent is obtained.
- If applicable, data collection procedures from partners and/or sub-recipients.

It is not necessary to provide information related to data collection and performance measurement in a table. The following samples may give you ideas about how to display the information.

Table 1 *[provides an example of how the required performance measures could be displayed]*

Performance Measures	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis

Table 2 *[provides an example of how information could be displayed for the data that will be collected to measure the objectives included in B.1 of your project narrative]*

Objective	Data Source	Data Collection Frequency	Responsible Staff for Data Collection	Method of Data Analysis
Objective 1.a				
Objective 1.b				

Data Management and Performance Monitoring

Points to consider:

- Data protection policies and procedures, including information about storage, retention, and access.
- Frequency of reviewing and monitoring performance data.
- Staff conducting data analysis, including evaluation.
- Data analysis methods and how you will use data to monitor and evaluate activities and processes.
- Staff responsible for completing reports.
- How data will be reported to staff, stakeholders, SAMHSA, an Advisory Board, and other relevant project partners.

How Data Will Be Used to Enhance the Project/Quality Improvement (QI):

Points to consider:

- If applicable, the QI model that will be used.
- How the QI process will be used to track progress.
- Staff responsible for overseeing QI processes.
- Details of how needed changes to project implementation and/or project management will be made.
    - What decision-making processes will be used?
    - When will decisions be made concerning project improvement and who will make those decisions?
    - What are the thresholds for determining changes need to be made?
    - Will the Advisory Board have a role in the QI process?
    - How will the changes be communicated to staff and/or partners/sub-recipients?

Section F: Biographical Sketches and Position Descriptions

Include position descriptions and biographical sketches for all project staff as supporting documentation to the application.

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae, include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Recent relevant publications

Position Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Amount of travel and any other special conditions or requirements
7. Salary range
8. Hours per day or week

Section G: Addressing Behavioral Health Disparities

SAMHSA expects recipients to submit a Behavioral Health Disparity Impact Statement (DIS) within 60 days of receiving an award.

SAMHSA's Behavioral Health DIS is a data-driven, quality improvement approach for grant programs to advance equity. The DIS helps recipients identify underserved populations[1] at risk of experiencing behavioral health disparities. The aim is to increase inclusion of underserved populations in SAMHSA-funded programs to achieve behavioral health equity[2] for disparity-vulnerable populations and help systems better meet the needs of these populations.

SAMHSA provides a DIS Worksheet that award recipients are expected to use to respond to the special condition of award.

The main components of the DIS are:

- Identify and describe the scope of the problem (i.e., behavioral health disparity) related to the program and the population(s) of focus that experience disparate access, use, and outcomes. Identify data sources that will be used to inform the DIS (this should align with the information provided in your application). Complete a table that includes this information at the individual/client, organizational, or systemic level related to the data collection requirements: National Outcome Measures (NOMS), Infrastructure Development, Prevention and Mental Health Promotion (IPP), or both, in relation to access, use, and outcomes.

- Identify Social Determinant of Health (SDOH) domain(s) that your organization will address to improve the health of your identified population(s) of focus. Visit Healthy People 2030 for more information on the five domains of SDOH. Using the Behavioral Health Implementation Guide, identify Culturally and Linguistically Appropriate Services (CLAS) standards that your organization plans to meet,

[1] Please refer to Executive Order 13985: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

[2] Behavioral health equity is the right to access high-quality and affordable health care services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with quality services, this involves addressing social determinants of health, such as employment and housing stability, insurance status, proximity to services, and culturally responsive care—all of which have an impact on behavioral health outcomes.

expand, or improve through program funding. Review the Behavioral Health Implementation Guide for full explanations of the overarching themes and 15 CLAS Standards with behavioral health–related samples, strategies, and examples.

- Develop and implement a disparity reducing quality improvement action plan to address the behavioral health disparity(ies) experienced by underserved population differences based on the Government Performance and Results Act (GPRA) data on access, use, and outcomes of activities. The plan should include realistic goals and SMART objectives (see Section D: Developing Goals and Measurable Objectives), the activities that will be implemented to address disparities, the intended impact, timeline, measurement, and evaluation. Make sure you include documentation of the processes, progress, and outcomes related to how the identified behavioral health disparity(ies) have improved.

Recipients are expected to provide, at a minimum, an annual update on the DIS (e.g., what worked, what did not work, what modifications were made) as part of the programmatic progress reports, per the NOFO.

Examples of a DIS are available on the SAMHSA website.

DIS-related Terminology and Resources

Definition of Health Disparities

Healthy People 2030 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Social Determinants of Health (SDOH)

SDOH are the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains and documented in Z codes:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

For more information about SDOH Z codes and how SDOH are being used to narrow the health disparities gaps, see https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf; https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf; and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207437/pdf/18-095.pdf.

Definition of Equity

Equity is the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.

Definition of Health Equity

Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Behavioral health equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

The ability to address the quality of care provided to underserved populations served within SAMHSA's programs is enhanced by programmatic alignment with the federal National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

The CLAS Standards are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate,

respectful, and responsive services that will advance health equity, improve quality, and help eliminate health care disparities.

The CLAS Standards are grouped into a Principal Standard and three themes focused on:

1) Governance and Leadership.
2) Communication and Language Assistance.
3) Engagement, Continuous Improvement and Accountability.

Widely embraced by states and health care systems, the National CLAS Standards are more recently being promoted in behavioral health care and include a Behavioral Health CLAS Implementation Guide. You can learn more about the CLAS mandates, guidelines, and recommendations at https://thinkculturalhealth.hhs.gov/clas/standards.

Guidelines for behavioral health implementation of the CLAS Standards can be found at https://thinkculturalhealth.hhs.gov/clas. This document addresses the importance of improving access to behavioral health care, promoting quality behavioral health programs and practice, and ultimately reducing persistent disparities in mental health and substance use prevention, treatment, and recovery for underserved, minority populations and communities.

Section H: Standards for Financial Management and Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards* in 45 CFR Part 75. Subpart D contains federal financial management requirements for HHS recipients and Subpart E contains the applicable cost principles which specify allowable/unallowable expenditures. Unless superseded by program statute, follow the financial management requirements and cost principles in 45 CFR Part 75, Subparts D and E. Listed below are several of the major federal financial management requirements included in Subpart D, as well as several standard funding restrictions that are in addition to the allowable/unallowable requirements of Subpart E.

Standards for Financial Management

Recipients' financial management systems must meet the standards in 45 CFR Part 75 Subpart D. These standards require recipients' financial management systems to retain an individual award's specific identity to: (a) permit the accurate disclosure of financial results for each federal award; and (b) to permit the tracing of funds to a level of expenditures adequate to verify that recipients used federal funds for their intended purposes and in accordance with federal statutes, regulations, and the terms and conditions of the federal award(s). As a result, individual federal awards may not be commingled with other federal and non-federal awards and expenditures. Commingling typically occurs when funds and expenditures from multiple awards are combined into a single account. Common commingling mistakes to avoid are further explained below:

- *Commingling of Cost Centers*. Every business activity constitutes a cost center. Examples of cost centers include: a federal award, a state award, a private award, matching costs for a specific award, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- *Commingling of Cost Categories*. Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs, and subcontracts/subawards in excess of $25,000. As a result, recipients must establish unique object codes in the accounting system to capture and accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).
- *Commingling of Time Worked and Not Worked.* Recipients may not directly charge an award for employees' time not spent working on the award. Therefore, *Paid Time Off* (PTO), such as vacation, holiday, sick, and other paid leave, is not recoverable directly from awards, but rather must be allocated to all awards,

projects, and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.

- *Commingling of Labor Costs – Unsupported Labor Costs.* Time and attendance sheets alone, showing an employee worked a certain number of hours during a given day or time period, are inadequate to support salaries and wages. Rather, to support charges for direct and indirect salaries and wages, recipients' timekeeping documentation must identify the work being performed. As an example, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) award, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) PTO hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).
- *Commingling of Direct and Indirect Costs – Inconsistent Treatment of Costs.* Recipients must treat costs consistently across all federal and non-federal awards, projects, and cost centers. For example, recipients may not direct-charge federal awards for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability, and allowability.

Standard Funding Restrictions

In addition to 45 CFR Part 75, Subpart E's guidance regarding allowable/unallowable expenditures, SAMHSA funds may not be used to:

- Purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR.75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

- Purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.

- Pay for promotional items including, but not limited to, clothing and commemorative items, such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (45 CFR 75.421(e)(3))

- Pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized

for up to 25 percent of a given budget period or $150,000 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: increase the floor area; and/or, change the function and purpose of the facility. SAMHSA must approve all minor A&R.

- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Pay for housing other than recovery housing, which includes application fees and security deposits.

- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).

  Note: A recipient or treatment or prevention provider may provide up to $30 non-cash incentive (for example, gift cards, bus passes, or gifts) to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required data collection follow-up interview. Incentives cannot be provided for completing an intake or exit interview. For programs including contingency management as a component of the treatment program, each individual contingency must be $15 or less in value and clients may not receive contingencies totaling more than $75 per budget period.

- Purchase firearms.

- General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 117-328, Consolidated Appropriations Act, 2023, Division H, Title V, Section 526, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

- **Salary Limitation:** Congress limits the direct salary for individuals under all federal grant and cooperative agreement awards not to exceed Executive Level II pay. The Executive Level II pay amount is an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. The salary limitation does not apply to consultants

but does apply to subrecipients under a SAMHSA award or cooperative agreement. Note that these or other salary limitations will apply in future fiscal years, as required by law. The current salary limitation can be found in the most recent SAMHSA Standard Terms and Conditions posted on our website at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

Section I: Intergovernmental Review (E.O. 12372) Requirements

States with SPOCs

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through U.S. Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Point of Contact (SPOC). Information on the SPOC for states that participate can be found at https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf.

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

If your state participates, contact your SPOC as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the state's review process. For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.

The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline:

Director, Division of Grants Management
Office of Financial Resources
ATTN: SPOC – (Include the Funding Announcement Number)
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17E20
Rockville, MD 20857

States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)[3] to the head(s) of appropriate state and local health agencies in the area(s) to be

[3] Approved by the Office of Management and Budget (OMB) under control no. 0920-0428; Public Reporting Burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services applications submitted by community-based, non-governmental organizations within their jurisdictions.

If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- A copy of the first page of the application (SF-424); and
- A summary of the project, no longer than one page in length that provides: (1) a description of the population to be served; (2) a summary of the services to be provided; and (3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA awards, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse and the SSAs for mental health can be found on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources under Additional Resources. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

Review Section IV.6 of the NOFO carefully to determine if you must include an attachment with a copy of a letter transmitting the PHSIS to the SSA. The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address:

Director of Grants Management
Office of Financial Resources
ATTN: SSA – (Include the Funding Announcement Number)
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17E20
Rockville, MD 20857

In addition, applicants may request that the SSA send them a copy of any state comments. The applicant must notify the SSA within 30 days of receipt of an award.

Section J: Administrative and National Policy Requirements

If your application is funded, you must comply with all terms and conditions of the Notice of Award (NoA). SAMHSA's standard terms and conditions are available on the SAMHSA website.

HHS Grants Policy Statement (GPS)

Recipients are subject to the requirements in Parts I and II of the HHS Grants Policy Statement (GPS). The HHS GPS is available on SAMHSA's website. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

HHS Award Regulations

Recipients agree that the award and any activities are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions. For more information, see SAMHSA's website.

Additional Terms and Conditions

Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, your NoA may include additional terms and conditions. These may include:

- concerns related to confidentiality and participant protection/human subjects requirements.
- data collection and reporting requirements.
- participation in a cross-site evaluation.
- problems identified in the review of the application or the budget and narrative justification.

Performance Goals and Objectives

Recipients will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your barriers or challenges and strategies for overcoming them, when making an annual recommendation to continue the award and the amount of any continuation award. In addition, you must report financial data and progress in meeting the performance goals and objectives of the award.

Failure to meet stated goals and objectives may result in suspension or termination (see 2 CFR 200.202, 2 CFR 200.301 and 2 CFR 200.329) of the award, or in reduction or withholding of continuation awards.

Termination of Federal Award

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 apply to all federal awards effective August 13, 2020.

Accessibility Provisions for All Award Application Packages and Funding Opportunity Announcements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex, and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity.

The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, and comply with applicable conscience protections. You must also comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy.

Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by people with limited English-language proficiency, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified people with disabilities, including providing program access, reasonable

modifications, and to provide effective communication, see https://www.hhs.gov/civil-rights/for-individuals/disability/index.html.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Acknowledgment of Federal Funding

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations, and other documents, such as tool kits, resource guides, websites, and presentations describing the projects or programs funded in whole or in part with HHS federal funds.

The recipient must clearly state: (1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and (2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

Supplement, Not Supplant

Funds may be used to supplement existing activities. Award funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal award (2 CFR Part 200, Appendix XI).

Mandatory Disclosures

A term may be added to the NoA that states: “Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.”

Disclosures must be sent in writing to SAMHSA at the following address:

SAMHSA
Attention: Office of Financial Advisory Services

5600 Fishers Lane
Rockville, MD 20857
You may also submit a complaint via the OIG Hotline online form, by phone (1-800-447-8477),or by mail to the following address:

U.S. Dept. of Health and Human Services
Office of the Inspector General
ATTN: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR Parts 180 & 376 and 31 U.S.C 3321.

System for Award Management (SAM) Reporting

A term may be added to the NoA that states: "In accordance with the regulatory requirements provided at 45 CFR 75.113, 2 CFR 25, and Appendix XII to 45 CFR Part 75, recipients that have currently active federal awards and procurement contracts with cumulative total value greater than $10,000,000, must report and maintain information in SAM about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently Responsibility/Qualification in SAM.gov (R/Q)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75."

Drug-Free Workplace

A term may be added to the NoA that states: "You as the recipient must comply with drug-free workplace requirements in Subpart B of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707)."

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, 20 USC 6081 et seq., the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Trafficking in Persons

Awards issued by SAMHSA are subject to the requirements of 2 CFR Part 175 and 22 U.S.C. 7104(g). For the full text of the award term, go to http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

Publications

Recipients are required to notify the Government Project Officer (GPO) of any materials based on the SAMHSA-funded project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO with advance copies of publications.
- Include acknowledgment of the SAMHSA program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance use treatment/substance use prevention/mental health services community.

Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment

As described in 2 CFR 200.216, recipients and subrecipients are prohibited to obligate or spend award funds (to include direct and indirect expenditures as well as cost share and program) to:

(1) Procure or obtain,
(2) Extend or renew a contract to procure or obtain; or
(3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology

Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

Section K: Budget and Justification

All applications must include a detailed budget and narrative justification with the federal and the non-federal expenditures broken out by the object class cost categories listed on the SF-424A − Section B (Budget Category) for non-construction awards.

- The budget must match the costs identified on the SF-424A and the total costs on the SF-424.
- The budget and justification must be consistent with the Project Narrative.
- The justification must be concrete and specific. It must explain the basis of each proposed cost in the budget and how it was calculated. Examples to consider when justifying the basis of the estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.
- Awards are generally for periods of performance (budget periods) of 1 to up to 5 years. Submission and approval of the progress report(s) and any other required submission or reports is the basis for the release of subsequent year funds. Funding beyond the 1-year budget period but within the multi-year period of performance is subject to availability of funds and satisfactory progress of the recipient. Progress will be evaluated by submission of data on required performance measures, satisfactory achievement of identified goals and objectives, providing services to the projected number of individuals specified in the application, and satisfactory resolution of barriers and challenges that arise in the implementation of the project.
- Refer to the program specific Funding Restrictions/Limitations in the NOFO (Section IV.5) and Standards for Financial Management and Standard Funding Restrictions, as well as to 45 CFR Part 75 for applicable administrative requirements and cost principles.

SAMHSA Budget Template

It is highly recommended you use the budget template to complete the Detailed Budget and Narrative Justification for submission with your application:

- The budget template is on the SAMHSA Application Forms and Resources web page. You **must** first download it to your computer before opening it in Adobe Acrobat or Acrobat Reader (not your internet browser):

    1. Right-click the link "**SAMHSA Budget Template (PDF)**"
    2. Select "save link as" and save to a location on your computer
    3. Go to the saved location and open the "SAMHSA Budget Template (PDF)" using Adobe Acrobat or Acrobat Reader.

Guidance

The following documents provide guidance on the budget template:

- Key Features of the Budget Template
- Budget Template User Guide
- Budget Review Checklist – use this checklist to review your budget and justification before submission

Note: For your budget, you must convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

Completing the SF-424A (see Section IV)

Budget Cost Categories

Personnel Costs: Explain personnel costs by listing each staff member who will be working directly on the award by name (if possible), position title, percentage level of effort or proposed hours, and annual salary. If an individual has not been identified for a position, under Name, "To Be Hired" can be entered. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or **$212,100.** An individual's base salary, per se, is NOT constrained by the statutory provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to SAMHSA awards and cooperative agreements. The salary limitation does not apply to consultants but does apply to all subawards and subcontracts.

Note: If an organization is selected for an award and chooses to move forward with hiring an individual for a Key Personnel position before receiving formal approval, this will be done at the organization's own risk. If SAMHSA's review of the Key Personnel request results in the proposed individual not being approved for the position, the recipient must submit a qualified candidate for the Key Personnel position. SAMHSA will not be liable for any costs incurred or pay for the salary of a Key Personnel position that is not approved.

Fringe Benefits: Fringe benefits typically include such items as health insurance, taxes, unemployment insurance, life insurance, retirement plans, tuition reimbursement, and paid absences. Fringe benefits are recoverable in accordance with an organization's federally approved indirect cost rate agreement, if applicable, or the organization's accounting practices, provided those practices are consistent with federal cost principles and result in a fair and equitable allocation of fringe benefits.

Travel: List travel costs for local and/or long-distance travel. For local travel, enter the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare,

lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. Name the traveler(s), if possible, describe the purpose of the travel, provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and justify the need for the equipment (e.g., large items of medical equipment). Detailed justification and a status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of 1 or more years).

Supplies: Include the programmatic items necessary to implement the project (e.g., examination gloves, etc.). In contrast, general office supplies (e.g., paper, pencils, etc.) should be recovered through a federally approved indirect cost rate or de minimis rate.

Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is less than $5,000. Such items as laptops, tablets, and desktop computers are classified as a supply if the value is less than the $5,000 equipment threshold.

Vendor Contracts/Subawards & Subcontracts/Consortiums/Consultants: Provide an explanation about the purpose, basis for how costs were estimated, and specific deliverables. You are responsible for ensuring that your organization has adequate procurement and merit review systems with fully developed written procedures for awarding and monitoring vendor contracts and subawards/subcontracts, respectively. Recipients must notify potential subrecipients that they must register in SAM and provide the recipient with their UEI number (see 2 CFR Part 25). For consultant services, list the total costs for all consultant services. In the narrative justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Note: To assist you with classifying costs and relationships, note that vendor contracts are for obtaining goods and services (e.g., examination gloves provided by a medical supply company). In contrast, subawards/subcontracts are for carrying out a portion of a federal award (e.g., a health care clinic providing substance use treatment services directly to patients). Your organization must ensure proper classification of costs and relationships. For subrecipient relationships, your organization must ensure written subaward/subcontract agreements are in place. These written agreements must require that subrecipients comply with the same terms and conditions as the prime recipient, as applicable (e.g., financial management requirements, audit requirements, etc.). In other words, the requirements imposed on the prime recipient must “flow down” to subrecipients. Written agreements should also describe the scope of work, deliverables, etc.

Other: Include all costs that do not fit into any other category and provide a justification and narrative description of each cost in this category (e.g., provider licenses, dedicated space rental, etc.).

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term “facilities and administration” (F&A) is used to describe indirect costs.

Applicants may request full indirect costs, subject to statutory and regulatory limitations.

Applicants may request full indirect costs, subject to statutory and regulatory limitations, and submission of an approved Negotiated Indirect Cost Rate Agreement (NICRA) established by the cognizant Federal agency (typically the agency that provides the majority of the project funds). If indirect costs are claimed, a copy of the NICRA must be submitted with the application. If unable to obtain a NICRA from the cognizant agency at the time of application, the applicant may elect to recover indirect costs using a *de minimis* rate, as explained below. Otherwise, the applicant may only be reimbursed for allowable direct costs.

Violation of cost accounting principles is not permitted when re-budgeting or charging costs to awards. Rather, costs must be consistently charged as either indirect or direct costs.

Applicants may elect a 10 percent de minimis indirect cost rate, subject to statutory and regulatory limitations.

Applicants who cannot obtain a NICRA from their cognizant Federal agency at the time of application may elect a 10 percent *de minimis* rate, subject to statutory and regulatory limitations.

The 10% *de minimis* rate may be used indefinitely and should be applied to Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of $25,000.

Violation of cost accounting principles is not permitted when charging costs to awards. Rather, costs must be consistently charged as either direct or indirect costs. Additionally, once elected, the 10 percent *de minimis* rate must be applied to all existing awards. If the cognizant agency issues a NICRA subsequent to the award, the negotiated rate may *not* be retroactively applied.

Waived Indirect Costs – An applicant may elect *not* to request recovery of indirect costs. If so, the applicant should write *None Requested* in Item J of the budget.