

How to Complete the SF-424 Application for the FY 2022 SAMHSA Notice of Funding Opportunity (NOFO)



OMB Number: 4040-0004

This is the eRA Commons ID of the Project Director for this grant. The Commons ID, name and email address associated with this eRA Commons account must match item 8f below.

This is the organization's Unique Entity Identifier (UEI), formerly DUNS, issued by the System for Award Management (SAM.) This is a unique identification consisting of 12 characters. Information on registering with SAM.gov may be obtained by visiting Grants.gov.

This is the Internal Revenue Service employer or taxpayer 9-digit identification number (EIN or TIN). Organizations that are using an EIN and suffix already registered with the Payment Management System (PMS) enter the 12-character EIN information in Section 8b. Organizations that do not have a registered EIN and suffix with PMS, SAMHSA will assign an EIN suffix if the organization is awarded.

This is the name and contact information for the Project Director. Ensure the eRA Commons ID in Item 4 above corresponds to the information in this section.

Select "Application"

Select "New"

This is the SAM.GOV organization registration name.

Application for Federal Assistance SF-424			
* 1. Type of Submission:		* 2. Type of Application:	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: 09/17/2021		4. Applicant Identifier: PDERACOMMONSID	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
a. Legal Name: Mental Health Care Organization, Inc			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1987654321A2		* c. UEI: 987654321000	
d. Address:			
* Street1: Mental Health Care Organization, Inc			
Street2: 101 East Somewhere Street			
* City: Metropolis			
County/Parish: <input type="text"/>			
* State: VA: Virginia			
Province: <input type="text"/>			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 999999999			
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Dr.	* First Name: Jane		<input type="text"/>
Middle Name: Project	<input type="text"/>		
* Last Name: Director	<input type="text"/>		
Suffix: <input type="text"/>	<input type="text"/>		
Title: Project Director	<input type="text"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number: 000112222		Fax Number: <input type="text"/>	
* Email: jane.project.director@mentalhealthorg.email			

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*** 9. Type of Applicant 1: Select Applicant Type:**
I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:
M: Nongovernmental with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 3: Select Applicant Type:
[Empty field]

*** Other (specify):**
[Empty field]

*** 10. Name of Federal Agency:**
Substance Abuse and Mental Health Services Administration

11. Catalog of Federal Domestic Assistance Number:
93.243

CFDA Title:
[Empty field]

*** 12. Funding Opportunity Number:**
SM-22-002

*** Title:**
Certified Community Behavioral Health Clinic Expansion Grants

13. Competition Identification Number:
SM-22-002

Title:
Certified Community Behavioral Health Clinic Expansion Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):
[Empty field]

*** 15. Descriptive Title of Applicant's Project:**
CCEHC Grant For Mental Health Care of Metropolis

Attach supporting documents as specified in agency instructions.

This is the main "type" of organization. Please note that if funded this information will be associated with the award for the duration of the grant.

If your organization has multiple organizational types, select the secondary organizational type.

Enter a tertiary organization type if applicable.

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16. Congressional Districts Of:
 * a. Applicant * b. Program/Project
 Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
 * a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="200,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,200,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**
 Yes No
 If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or information, which I provide or cause to be provided, subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**
 ** I AGREE
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the NOFO and the SF-424 application form. See the NOFO for specific instructions.

Authorized Representative:

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

* Title:
 * Telephone Number: Fax Number:
 * Email:
 * Signature of Authorized Representative: * Date Signed:

This is the anticipated Project Start Date, which can be found under the Executive Summary section of the NOFO.

This is the estimated funding from each source listed. Enter the amount you are requesting from SAMHSA in item 18a Federal. If you are providing any matching funds enter this in item 18b Applicant. Enter any other funding sources in the applicable fields.

This is the contact information of the Authorized Representative (SAMHSA Business Official) in this section. This person should hold the Signing Official (SO) role in eRA Commons.

Additional EIN information:

- [Apply for an EIN](https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online) <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>
- The 9-Digit core EIN assigned by the IRS must be reflected throughout the mandatory registrations; Dun & Bradstreet's Data Universal Numbering System (DUNS) (if required), System for Award Management (SAM), and Grants.gov (if required.)

Additional UEI information:

- [Dun & Bradstreet](https://fedgov.dnb.com/webform/pages/CCRSearch.jsp) <https://fedgov.dnb.com/webform/pages/CCRSearch.jsp>
- [System for Award Management](https://sam.gov/content/home) <https://sam.gov/content/home>

Alert: By April 2022, the Federal government will stop using the DUNS number to uniquely identify entities registered in the System for Award Management (SAM.) The government transition from DUNS number to new Unique Entity Identifier will occur on **April 04, 2022.**

- **Beginning April 2021**, all entities **registered in SAM** will automatically be issued a UEI.
Note: Entities registering in SAM prior to April 2022 must still obtain a DUNS from Dun and Bradstreet prior to SAM registration.
- **Beginning October 2021**, entities **registered in eRA Commons** will begin to see their UEI populated in the Institutional Profile File (IPF). No action is required by the entity.
- **Beginning October 2021**, recipients' UEI will be populated on **Page One of the Notice of Award**. The recipient UEI will also be **transmitted in award data** reported to the [HHS Tracking Accountability in Government Grants System \(TAGGS\)](#) and [USASpending.gov](#).
- **For applications due on or after January 25, 2022**, applicants must have a UEI at the time of application submission. Application forms and packages required for application submission will be updated to reflect UEI instead of DUNS.