STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT

JOSH STEIN
GOVERNOR

KRISTIN WALKER
STATE BUDGET DIRECTOR

October 15, 2026

TO: Joint Legislative Commission on Governmental Operations

FROM: Kristin Walker

SUBJECT: Notification of Grant Award – DHHS / Division of Mental Health, Developmental Disabilities, and Substance Use Services

Pursuant to GS 143C-5-4(b)(9), the Office of State Budget and Management (OSBM) submits the attached Notification of Grant Award – Cooperative Agreements for State and Territories to Improve Local 988 Capacity – from the federal Substance Abuse and Mental Health Services Administration for consultation with the Joint Legislative Commission on Governmental Operations.

The Cooperative Agreements for State and Territories to Improve Local 988 Capacity grant totals $5,221,712 and is available from September 30, 2026, through September 30, 2027.

Grant Details:

- Authority: Sections 520A and 520E-3 of the Public Health Services Act (42 U.S.C. 290bb-36c)
- Purpose: To enhance behavioral health crisis services through a more comprehensive 988 Suicide and Crisis Lifeline through:
  - Systematic follow-up with 988 callers,
  - Enhanced coordination of crisis and other services,
  - Reducing unnecessary provision of police, fire, and emergency medical services,
  - Improve connections with ongoing support and recovery for high-risk populations.
- Budget Period 1 Award: $5,221,712
- Budget Period: September 30, 2026 – September 30, 2027
- Project Period: September 30, 2026 – September 29, 2029

If you have questions or concerns, please contact Jennifer Neisner by email at Jennifer.Neisner@osbm.nc.gov.

Thank you.

cc: Chairs, Senate Committee on Appropriations/Base Budget
Chairs, House Appropriations Committee
Fiscal Research Division

Docusign Envelope ID: 6FFB6E03-1A70-81F9-835C-D30F03BA1E22

Notification of Grant Application/Award, FY 2027-2028

Office of State Budget and Management 984-236-0600.

Instructions at https://www.osbm.nc.gov/budget/common-agency-requests/agency-reporting-grant-applicationsawards

Please indicate if Notification is for a GRANT APPLICATION or GRANT AWARD ☐ Application ☑ Grant Award

1	Department	Department of Health and Human Services
2	Division *(except in DHHS)*.....	
	DHHS only, choose division from drop down list.....	Division of Mental Health/Developmental Disabilities/Substance Use Services
3	Contact person *(name)*	Lisa DeCiantis
4	Phone number	
5	E-mail	lisa.deciantis@dhhs.nc.gov
6	Funding Entity (grantor)	SAMHSA
7	CFDA number.....	93.00R
8	Grant title	**Cooperative Agreements for States and Territories to Improve Local 988 Capacity**
9	Grant application deadline *(MM/DD/YY)*	07/17/26
10	Start date of grant *(MM/DD/YY)*	09/30/26
11	End date of grant *(MM/DD/YY)*	09/29/29
12	Application type	New
13	Is this grant already in agency's base budget?	No
14	Budget Code the grant will be expended in *(XXXXX)*.....	14460
15	Budget Fund *(XXXXXX* or *NA)*	134604
16	Is there a state matching requirement?	No
17	If yes, what is the matching requirement?	
18	If yes, what is the source of state funds being used to match grant funds.	
19	Is there a maintenance of effort (MOE) requirement?	No
20	If yes, what is the MOE?	
21	Is an additional General Fund appropriation required to meet the state match requirement?	No
22	Will any of these funds be passed through to local governments or non-state entities?	Yes
23	If yes, identify affected entities by type	local govt AND private non-profit AND other state agency
24	Will additional state funds be required to continue the program if grant expires or is reduced?	No
25	If yes, is this a requirement of the grant?	
26	Are new FTEs funded through the grant?.....	Yes

		SFY 2027-28 Actual	For 2026-27 Complete either Authorized or Proposed: SFY 2027-28 Authorized	For 2026-27 Complete either Authorized or Proposed: SFY 2027-28 Proposed	SFY 2028-29 Proposed	SFY 2020-30 Proposed	SFY 2030-31 Proposed
27	If yes, give the number by type for each year: *Permanent*						
	Time-Limited		1.500		1.500	1.500	1.500
28	Amount of grants funds **applied** for in each year		$3,916,283.00		$5,221,710.00	$5,221,710.00	$1,305,427.00
29	Amount of grants funds **awarded** in each year		$3,916,283.00		$5,221,710.00	$5,221,710.00	$1,305,427.00

Docusign Envelope ID: 6FFB6E03-1A70-81F9-835C-D30F03BA1E22

30 Purpose of grant or amendment	The purpose of the program is to expand efforts among Lifeline crisis centers to support individuals post-contact to provide continued support and linkages to decrease suicide, deaths by overdose and future crisis events by: (1) ensuring the systematic follow-up of suicidal persons who contact the 988 Suicide and Crisis Lifeline; (2) providing enhanced coordination of crisis stabilization, crisis respite, mobile crisis outreach (MCO) response services, mobile crisis dispatch, and other services on the crisis continuum of care; (3) reducing unnecessary police, fire and emergency medical services engagement to allow first responders to focus on public safety; and (4) improving connections to ongoing support and recovery for high-risk populations. SFY27-28 (September 30, 2026 - June 30, 2027): $3,916,283 SFY28-29 (July 1, 2027 - June 30, 2028): $5,221,710 SFY29-30 (July 1, 2028 - June 30, 2029): $5,221,710 SFY30-31 (July 1, 2029 - Sep 29, 2029): $1,305,427
31 Comments	

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Signed by:
Petra Mozzetti
E68D7144D03F476...

DocuSigned by:
Darius Mclaurin
CC5EBEC206BF4D1...

Signed by:
Hanaleah Levy Hoberman
C491FA9530564A1...

DocuSigned by:
kelly crosbie
E76DA57E56874AE...

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Flex Grants

Notice of Award
FAIN# H79FG001429
Federal Award Date
09/07/2026

Recipient Information

1. Recipient Name
NORTH CAROLINA DEPARTMENT OF
HEALTH & HUMAN SERVICES
1915 HEALTH SERVICES WAY
RALEIGH, NC 27607

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1561636462A3

4. Employer Identification Number (EIN)
561636462

5. Data Universal Numbering System (DUNS)
809785363

6. Recipient's Unique Entity Identifier
DKT3LLBWFVL3

7. Project Director or Principal Investigator
Lisa DeCiantis

lisa.deciantis@dhhs.nc.gov
984-236-5066

8. Authorized Official
Dr. Carrie Brown
secretary.grants@dhhs.nc.gov
984-236-5066

Federal Agency Information

9. Awarding Agency Contact Information
Urvi Patel
Grants Specialist
urvi.patel@samhsa.hhs.gov
240-276-1446

10. Program Official Contact Information
Susan Miller
Program Official
Susan.Miller@samhsa.hhs.gov
240-276-1415

Federal Award Information

11. Award Number
1H79FG001429-01

12. Unique Federal Award Identification Number (FAIN)
H79FG001429

13. Statutory Authority
Sec 520E-3 and Sec 520A of the PHS Act [42 U.S.C. 290bb-36c}

14. Federal Award Project Title
NC Cooperative Agreement to Improve Local 988 Capacity

15. Assistance Listing Number
93.00R

16. Assistance Listing Program Title
988 and Behavioral Health Crisis Services Programs

17. Award Action Type
New Competing

18. Is the Award R&D?
No

Summary Federal Award Financial Information	
19. Budget Period Start Date 09/30/2026 **– End Date** 09/29/2027	
20. Total Amount of Federal Funds Obligated by this Action	$5,221,712
20a. Direct Cost Amount	$5,221,712
20b. Indirect Cost Amount	$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$5,221,712
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$5,221,712
26. Project Period Start Date 09/30/2026 **– End Date** 09/29/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$5,221,712

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Rosalie Vega

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

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Award Number: 1H79FG001429-01
FAIN: H79FG001429
Program Director: Lisa DeCiantis

Project Title: NC Cooperative Agreement to Improve Local 988 Capacity

Organization Name: NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES

Authorized Official: Dr. Carrie Brown

Authorized Official e-mail address: secretary.grants@dhhs.nc.gov

Budget Period: 09/30/2026 – 09/29/2027
Project Period: 09/30/2026 – 09/29/2029

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $5,221,712 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Sec 520E-3 and Sec 520A of the PHS Act [42 U.S.C. 290bb-36c} and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Rosalie Vega
Grants Management Officer
Division of Grants Management
Rosalie.Vega@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 1H79FG001429-01

Award Calculation (U.S. Dollars)

Other	$5,221,712
Direct Cost	$5,221,712
Approved Budget	$5,221,712
Federal Share	$5,221,712
Cumulative Prior Awards for this Budget Period	$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$5,221,712

SUMMARY TOTALS FOR ALL YEARS	
YR	**AMOUNT**
1	$5,221,712
2	$5,221,712
3	$5,221,712

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.00R
EIN:	1561636462A3
Document Number:	26FG01429A
Fiscal Year:	2026

IC	**CAN**	**Amount**
SM	C96J913	$5,221,712

IC	CAN	2026	2027	2028
SM	C96J913	$5,221,712	$5,221,712	$5,221,712

FG Administrative Data:
PCC: 988ST-26 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79FG001429-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79FG001429-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 2 CFR 200 and 2 CFR 300 as applicable.

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d. The HHS Grants Policy Statement.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

SECTION IV – FG SPECIAL TERMS AND CONDITIONS – 1H79FG001429-01

REMARKS

Federal Terms and Conditions for SAMHSA Grant Awards

This document outlines the federal terms and conditions applicable to your Substance Abuse and Mental Health Services Administration (SAMHSA) grant award. Please review these requirements carefully to ensure compliance throughout the life of the award.

Accepting the Award
By drawing funds from the Department of Health and Human Services (HHS) Payment Management System (PMS), the recipient acknowledges acceptance of the award's terms and conditions and agrees to comply with all requirements.

HHS requires recipients to draw down funds within the first 30 days of the period of performance to indicate acceptance of the award. If the recipient fails to draw down funds or provide an acceptable written justification for the delay within this 30-day period, SAMHSA may take action to amend or withdraw the award offer.

Once an award is accepted by the recipient, the contents of this NoA are legally binding unless and until modified by a revised NoA signed by the Grants Management Officer (GMO).

Declining or Negotiating the Award
If the recipient cannot accept the award terms, the recipient's Authorized Organizational Representative (AOR) must notify the GMO in writing before drawing down any funds, and no later than thirty (30) days after receiving this NoA.

Alignment with SAMHSA Mission and Strategic Priorities
The recipient of this award must implement any funds awarded under this NOFO to advance program goals or agency priorities in alignment with the agency priorities at SAMHSA's Strategic Priorities when authorized by the program statute.

Use of Supplies and Services for Harm Reduction Activities
SAMHSA recipients are prohibited from using Federal funds, directly or indirectly, including through cost-sharing, matching funds, or subsequent reimbursement, to support so-called "harm reduction" or "safe consumption" efforts that facilitate illegal drug use.

Grant funds may not be used to purchase, distribute, or support drug paraphernalia as defined by law. This includes, but is not limited to, syringes or needles for illicit drug injection; pipes or supplies for safer smoking kits; fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips*; distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed here; purchase or distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed as acceptable in the Dear Colleague Letter: Updated Funding Guidance for Grantees on Supplies and Services (April 24, 2026). Funds also may not support overdose hotlines whose primary purpose is to enable drug use by providing real-time virtual or phone-based accompaniment.

These restrictions do not prohibit funding for legally permissible, evidence-based activities, such as the distribution of life-saving overdose prevention and response services, including purchase/distribution of naloxone or nalmefene and/or other infectious disease prevention services.

Failure to comply with the programmatic requirements in these letters: Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets America's Streets and the Dear Colleague Letter: Updated Funding Guidance for Grantees on Supplies and Services (April 24, 2026) (which provides updated guidance for grantees on the supplies and services previously defined under harm reduction that can be supported with SAMHSA funding), may result in enforcement actions consistent with 2 CFR 200.339 and 2 CFR 200.340 and the terms and conditions of this award.

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**This prohibition does not apply to law enforcement, emergency medical services, public health officials, or healthcare professionals using drug testing technologies in the regular course of discharging their professional duties, or as specifically authorized by the program statute.*

Appropriate Use of Funds for Medication-Assisted Treatment (MAT) / Medications for Opioid Use Disorder (MOUD)

As referenced in the Dear Colleague Letter: Updated Guidance on Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD), SAMHSA funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also be used to support individualized tapering and discontinuation of medications when clinically indicated.

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

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

SAMHSA funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

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

Failure to comply with the programmatic requirements found in: Dear Colleague Letter: Updated Guidance on Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD), may result in enforcement actions consistent with 2 CFR 200.339 and 2 CFR 200.340 and the terms and conditions of this award.

Antidiscrimination Compliance Requirement

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Civil Rights Compliance Requirement

The Applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 USC 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80); Section 504 of the Rehabilitation Act of 1973,

as amended (codified at 29 USC 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 USC 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 USC 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 USC 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).

Title IX Compliance Requirement
By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipient certifies as follows:

- Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 USC 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 USC 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
- The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 USC 3729, and/or criminal liability, including under 18 USC 287 and 1001.

Compliance with Court Orders
Any term or condition in this NoA, including those incorporated by reference, that HHS is enjoined by court order from imposing or enforcing shall not apply or be enforced as to any recipient or subrecipient to which that court order applies and while that court order is in effect.

Termination
This award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates program goals or agency priorities.

1. Budget and Funding Overview - Cooperative Agreement

Cooperative Agreement

- This Notice of Award (NoA) sets out the terms and conditions governing a collaborative effort between the **NC State Department of Health & Human Services** and **Substance Abuse and Mental Health Services Administration (SAMHSA).**
- The responsibility for conducting these activities lies primarily with the **NC State Department of Health & Human Services**. **SAMHSA**, through its designated representatives, shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement.

Award Approval

- This award is pending budget approval based on the special condition outlined below.

Budget Period Compliance

- Recipients must ensure that funds are spent within the 12-month budget period specified in the NoA according to the approved budget.

2. Regulatory Requirements

This award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

3. Key Personnel

Effort Limitations

- Total effort across all funding sources (federal and non-federal) for any individual may not exceed 100% level of effort.

Definition of Key Personnel

- Key Personnel are essential staff or consultants/subrecipients who must be part of the project regardless of whether they receive a salary or compensation from the project.

Designated Key Personnel

- For this program, the following role(s) are designated as Key Personnel:
    - Project Director (PD)
    - Project Evaluator (PE)
- The identified PD for this program is listed in item #7 Project Director or Principal Investigator on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must submit a post-award amendment for a change in Key Personnel via eRA Commons.

Key Personnel Changes Requiring Approval
Any changes to Key Personnel, including:

- The proposal of new staff in a Key Personnel role, or
- A separation from the project for three months or longer, or
- A reduction in effort of 25% or more

Note: Hiring Key Personnel before receiving formal approval is at the recipient's own risk.

4. Reporting Requirements

All reports must be submitted by the deadlines outlined below. Late submissions may result in additional consequences, including denial of future funding or unilateral project closeout.

A. Federal Financial Report (FFR/SF-425)

- **Due:** Annually, no later than 90 days after the end of each budget period
- **Submission Method:** Via the Payment Management System (PMS)
- **Requirements:**
    - Recipients must request appropriate PMS user access
    - Reports sent by email or uploaded to eRA Commons will not be accepted
    - See Instructions for FFR Submission (must be logged in to PMS to access)

B. Programmatic Progress Report (PPR)

- **Due:** Semi-annually, no later than 30 days after the end of second quarter
- **Submission Method:** Via eRA Commons
- **Requirements:** Content must align with the Reporting Requirements section of the NOFO

- **Due:** Annually, no later than 90 days after the end of each budget period
- **Submission Method:** Via eRA Commons
- **Requirements:** Content must align with the Reporting Requirements section of the NOFO

C. Final Reports (for Closeout)

- **Due:** Within 120 days after the project period ends
- **Required Reports:**
    - Final Federal Financial Report (Final FFR/SF-425) via PMS
    - Final Progress Report (FPR) via eRA Commons
    - Tangible Personal Property Report (Final TPPR Report SF-428-B and SF-428-S, as applicable) via eRA Commons
- **Consequences for Failure to Submit Acceptable Final Reports:**
    - Unilateral closeout by SAMHSA
    - Reporting recipient's material failure to comply with the terms and conditions of the Federal award in SAM.gov (Responsibility/Qualification Records)
    - Impact on eligibility for future federal funding or other enforcement actions as appropriate (refer to 2 CFR 200.339)
- **Closeout Liquidation Period:**
    - All obligations must be liquidated no later than 120 days after the project period end date
    - After one hundred twenty (120) days, the PMS account is automatically locked. SAMHSA does not approve payment requests after the one hundred twenty (120) day liquidation of obligations period; late drawdown requests occurring after the 120 days will be denied.
- Additional closeout information and instructions on submitting reports are available at SAMHSA Grant Closeout

5. Government Performance and Results Act (GPRA) Compliance

Data Collection and Performance Measurement

All SAMHSA recipients are required to collect and report evaluation data to ensure the effectiveness and efficiency of its programs under the Government Performance and Results (GPRA) Modernization Act of 2010 (P.L. 111-352). Recipients must comply with the performance goals, milestones, and expected outcomes as reflected in the NOFO and are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS).

SAMHSA's performance measurement tools have been updated to comply with Presidential Executive Orders.

6. Financial Management Standards

Recipients must maintain financial systems that:

- Track sources and uses of federal funds
- Compare actual expenditures to approved budgets
- Keep federal funds separate from other funds (no commingling)
- Ensure that all costs charged to awards are:
    - Allowable
    - Allocable
    - Reasonable
    - Necessary
    - Consistently applied in accordance with **2 CFR 200 and 2 CFR 300** as applicable

7. Consequences for Noncompliance

Failure to comply with terms and conditions may result in:

- Withholding of payments
- Disallowance of costs
- Suspension or termination of the award
- Denial of future funding

Remedies for noncompliance are governed by 2 CFR 200.339.

8. Post Award Amendments and Responses

All responses to award terms and post award amendment requests must be submitted in eRA Commons. For instructions, see SAMHSA Post Award Amendments.

9. Standard Terms and Conditions

Recipients must comply with:

- The **HHS Grants Policy Statement** (current version)
- **2 CFR 200** and **2 CFR 300**
- **SAMHSA Standard Terms and Conditions** in effect at the time of award

All prior terms and conditions remain in effect unless formally revised or removed by the Grants Management Officer.

SPECIAL TERMS

Risk Assessment, Audit & Oversight

SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures, records, and compliance with federal requirements. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 2 CFR part 200 and 2 CFR part 300, as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

SPARS

All SAMHSA grant recipients are required to collect and report certain data so that SAMHSA can meet its obligation under the Government Performance and Results Act (GPRA) Modernization Act of 2010. These data are submitted using SAMHSA's Performance and Accountability Reporting System (SPARS). You are required to collect and submit in SPARS using assigned project-level indicators which are submitted on a quarterly basis with annual targets.

Grant recipients are required to:
1. Enter project-level indicator annual targets data into SPARS by December 31, 2026, and annually thereafter at the beginning of the fiscal year for each year of project; and
2. Begin collecting quarterly project-level data for assigned indicators and narrative section into SPARS in the second quarter after grant awarded (January - March 2027) and submit indicator data into SPARS on a quarterly basis thereafter within one month after fiscal year quarter end.

A list of assigned project-level indicators to report on will be provided by SAMHSA program staff post

award. SPARS training and technical assistance will be provided post award.

SPECIAL CONDITIONS

Required Key Personnel

Once key staff are identified, submit via eRA Commons a post award amendment request for a **Change in Key Personnel**.

Per the Notice of Funding Opportunity, Key Personnel for this program include:

- **Project Director** with a minimum level of effort of **0.50 FTE**
- **Project Evaluator** with a minimum level of effort of **0.25FTE**

For submission requirements and instructions, refer to the SAMHSA website.

Note: Hiring Key Personnel before receiving formal approval is at the recipient's own risk

Revised Detailed Budget with Justification

By **October 30, 2026**, submit the following via eRA Terms Tracker:

Revised Detailed Budget with Justification: Provide a detailed line-item breakdown of costs with an accompanying narrative justification. To prevent calculation errors and expedite review, it is highly recommended to use the SAMHSA Budget Template. The SAMHSA Budget Template, user guide, and sample budget can be accessed at https://www.samhsa.gov/grants/applying/forms-resources.

Revise the budget to address the following:

- Please submit a revised budget & SF-424A for $5,221,712.

All responses to award terms and conditions must be submitted as PDF documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to https://www.samhsa.gov/grants/grants-training-materials under heading *How to Respond to Terms and Conditions.*

Revised SF-424

By **October 30, 2026** submit the following via eRA Terms Tracker:

1. **Revised SF-424:** The SF-424 should be completed with the Project Director (PD) name and contact information listed in Section 8f, and the Authorized Representative listed in Section 21. The PD in Section 8f must match the eRA Commons ID provided in Section 4, and additionally match the PD listed in the detailed budget. A blank SF-424 and instructions can be accessed in the Grants.gov Forms Repository.
    a. Carrie Brown is not an authorized Signing Official (SO) per eRA. Please create an account for the individual with the SO role.

All responses to award terms and conditions must be submitted as PDF documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to https://www.samhsa.gov/grants/grants-training-materials under heading *How to Respond to Terms and Conditions.*

Submit Negotiated Indirect Cost Rate Agreement (NICRA)

Funds in this cost category should not be expended until the required documentation requested below is submitted, approved, and removed by a revised Notice of Award.

By **October 30, 2026**, submit via eRA Commons:

A. Current (unexpired) Negotiated Indirect Cost Rate Agreement (NICRA) or Cost Allocation Plan (CAP); *OR*
B. If your rate agreement is currently being negotiated, please submit proof of proposal submission.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to https://www.samhsa.gov/grants/grants-training-materials under heading *How to Respond to Terms and Conditions.*

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