

Follow the six steps
in the application process:

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

Substance Abuse and Mental Health Services Administration (SAMHSA)

**NOFO Name: Implementing Zero Suicide in
Health Systems**

Short Title: Zero Suicide

NOFO Number: SM-26-008

Step 1: Review the Opportunity

Basic Information

Key Facts

Opportunity Name: Implementing Zero Suicide in Health Systems

Short Title: Zero Suicide

Opportunity Number: SM-26-008

Announcement Version: Original

Federal Assistance Listing: 93.243

Eligible Applicants: Eligibility is statutorily limited to community-based primary care or behavioral health care settings, emergency departments, State mental health agencies, public health agencies, United States territories, and Indian Tribes/tribal organizations.

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

Key Dates

Application deadline: 04/20/2026

Expected Award Date: 09/01/2026

Expected Start Date: 09/30/2026

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

Important Resources

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

Authorizing Statute

[Section 520L of the Public Health Service Act](#), 42 USC 290bb-43, as amended.

Agency Contacts

Program and Eligibility Questions

Center for Mental Health Services
Whitcomb Wakefield-Terpening
240-276-2911

zerosuicide@samhsa.hhs.gov

Financial and Budget Questions

Office of Financial Resources
Division of Grants Management
240-276-1940

NOFOBudget.CMHS@samhsa.hhs.gov

Review Process and Application Status Questions

Office of Financial Resources
Division of Grant Review
Jasmine Magruder

240-276-1200

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Summary

The purpose of this program is to provide resources to healthcare systems for implementing the Zero Suicide framework for adults who are at risk of suicide. Award recipients are expected to implement all seven elements of the Zero Suicide framework: Lead, Train, Identify, Engage, Treat, Transition, and Improve. With this program, SAMHSA aims to reduce suicide ideation, suicide attempts, and deaths due to suicide. This program is designed to advance **SAMHSA's Strategic Priorities** and the **Make America Healthy Again agenda**.

Funding Details

Funding Type: Cooperative Agreement

Estimated Total Available Funding: \$16,110,545

Estimated Number of Awards: 31 (At least two awards will be made to a Tribe/Tribal organization pending adequate application volume).

Estimated Award Amount:

- Up to \$700,000 per year for states, the District of Columbia, and U.S. territories
- Up to \$400,000 per year for Tribes, Tribal organizations, community-based primary care, or behavioral health care organizations; emergency departments; and other local public health agencies.

Length of Project Period: Up to 5 years

Your annual budget cannot be more than \$700,000 per year for states, the District of Columbia, and U.S. territories; or \$400,000 per year for Tribes, Tribal organizations, community-based primary care, or behavioral health care organizations; emergency departments; or other local public health agencies in total costs (direct and indirect) in any year of the project. Annual continuation awards are contingent on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, compliance with all terms and conditions of award, and alignment with SAMHSA, HHS, and Trump Administration priorities.

Program Description

Purpose

The purpose of this program is to provide resources to healthcare systems for implementing the Zero Suicide framework for adults who are at risk of suicide. Award recipients are expected to implement all seven elements of the Zero Suicide framework: Lead, Train, Identify, Engage, Treat, Transition, and Improve.

The Zero Suicide model is a comprehensive, multi-setting approach grounded in the belief that suicide deaths within care systems can be preventable. This model is built on foundational principles that emphasize:

- Suicide prevention by improving access to high-quality, timely services.
- Taking systematic steps across all levels of care to foster a culture that no longer finds suicide acceptable or inevitable.
- Adopting and sustaining evidence-based practices that reduce suicide deaths and behaviors when integrated across an entire system of care, anchored in strong, compassionate client-staff interactions.

This program supports organizations in transforming care delivery and strengthening system-wide suicide prevention capacity. The program advances the Zero Suicide Framework's goals by improving identification and engagement of individuals at risk, enhancing care coordination, and fostering continuous quality improvement through data-informed practice.

According to the Centers for Disease Control and Prevention (CDC), in 2023 over 49,400 lives were lost to suicide in the United States—an increase of approximately 35% since 2000.¹ Suicide remains among the leading causes of preventable death, with significant disparities across demographic groups:

- Older adults (aged 75 and older) continue to experience the highest rates of suicide of any age group.
- Non-Hispanic American Indian and Alaska Native (AI/AN) populations have the highest rate overall—26.7 per 100,000 in 2023 compared with other racial and ethnic groups.
- Men die by suicide nearly four times more often than women, particularly in older age groups.
- For women, suicide rates are highest for those ages 45–54, with suicide rates for this age group almost doubling over the last 20 years.¹

These data underscore the urgent need for a coordinated and comprehensive approach to suicide prevention. Through this initiative, recipients will implement the full Zero Suicide Framework to strengthen care systems, promote recovery-oriented practice, and ensure that every adult at risk of suicide is identified, supported, and never lost in the continuum of care.

All activities proposed in your application and budget narrative must align with the current [Executive Orders](#) (EOs) and [SAMHSA Strategic Priorities](#). In addition, the application and budget narrative must not support harm reduction as outlined in [SAMHSA’s Dear Colleague Letter](#) on harm reduction. Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety or promote anti-American values. If an application does not align, the application will not receive funding.

Key Personnel

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

The Key Personnel for this program are as follows:

¹ <https://www.cdc.gov/suicide/facts/data.html>

- **Project Director (PD):** The PD must oversee the grant to ensure goals are met, all reports are filed on time, and all rules are followed. The PD requires a minimum 50% level of effort of a full-time equivalent (FTE) position.
- The **Evaluator** is responsible for tasks related to data collection and other evaluation activities. The Evaluator requires a minimum 50% level of effort of an FTE position.

The PD and Evaluator roles must be filled by **two different individuals**.

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

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

Required Activities

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

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

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

The requirements detailed below follow the Zero Suicide framework and the Zero Suicide seven elements: lead, train, identify, engage, treat, transition, and improve.

1. **LEAD: Establish a Zero Suicide Oversight Steering Council**

Establish a Zero Suicide Oversight Steering Council to lead a system-wide change committed to reducing suicide. The Council will oversee the development, implementation, and quality improvement of the program. The Council must include representatives from the following:

- Organization’s senior leadership
- Emergency department or crisis systems
- Primary care providers
- Behavioral health care providers
- Providers and people with lived experience of suicidal ideation or suicide attempts

The Council is responsible for the following:

- Completing a Zero Suicide [organizational self-study](#) to determine priorities and set organizational goals within the first 4 months.
- Conducting Zero Suicide [Workforce Survey](#) for assessing knowledge, practices, and confidence on suicide prevention and intervention.

2. TRAIN: Develop and implement healthcare workforce training programs

Develop and implement healthcare workforce (clinical and non-clinical) training programs, taking into consideration any adaptations for disproportionately impacted communities.

- **Training for both clinical and non-clinical workforce** should include [lethal means counseling training](#) (Example: [Counseling on Access to Lethal Means](#)).
- **Training programs for a non-clinical workforce** (with less advanced skills, who are in contact with individuals who are suicidal or are at risk for suicide) could include:
 - [Question-Persuade-Refer \(QPR\)](#)
 - [Suicide Alertness for Everyone: Tell, Ask, Listen, and Keep Safe \(safeTalk\)](#) Living Works
 - [Applied Suicide Intervention Skills \(ASIST\)](#) training. Other trainings from the [Zero Suicide Toolkit](#).
- **Training programs for the clinical workforce** (who are in frequent contact with individuals who are at risk or are suicidal) should focus on delivery of evidence-based practices (EBPs) that specifically treat suicidal ideation and behaviors. [Examples](#) from the Zero Suicide Toolkit include:
 - [Assessing and Managing Suicide Risk \(AMSR\)](#)
 - [Recognizing & Responding to Suicide Risk \(RRSR\)](#)
 - [Chronological Assessment of Suicide Events \(CASE\)](#)

3. IDENTIFY: Develop and implement a plan to screen and assess all individuals

Develop and implement a plan to screen and assess all individuals for suicidal ideation,

including those at risk for suicide.²

Screening and assessment tools could include:

- [Ask-Suicide-Screening Questions \(ASQ\)](#)
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)- Screening version](#)
- [PatientHealth-Questionnaire-9 \(PHQ-9\)](#)
- [The Patient Safety Screener \(PSS-3\)](#)

Risk Assessment tools could include:

- [Beck Scale for Suicide Ideation \(BSS\)](#)
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\) Risk Assessment version](#)
- [Scale for Suicide Ideation–Worst \(SSI-W\)](#)
- [Suicide Behaviors Questionnaire – Revised \(SBQ-R\)](#)

4. ENGAGE: Design suicide care management guidelines and implement suicide care management policies

Design suicide care management guidelines and implement suicide care management policies (i.e., suicide care management plan) so all individuals at risk of suicide are involved.

Individual progress should be continuously monitored through their electronic health record (EHR) or other data management systems, with adjustments to treatment made if needed.

The suicide care management plan must include the following:

- Protocols for [collaborative safety planning](#) and reducing access to lethal means. Examples include the [Stanley-Brown Safety Plan](#) and [Crisis Response Plan \(Rudd & Bryan\)](#).
- Rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after being discharged from a treatment facility (e.g., local emergency departments,

² If grant recipients use digital tools, AI-enabled systems, predictive analytics, or chatbots in screening or identification, they must ensure such tools are clinically validated for suicide risk detection, maintain human clinical oversight at all times, prohibit automated agents from delivering crisis intervention unless FDA-regulated or otherwise certified for use with suicidal individuals, and establish procedures for monitoring tool accuracy (including false negatives and false positives).

inpatient psychiatric or medical facilities) or a mobile crisis response team, including direct linkage with appropriate health care agencies to ensure coordinated care services are in place.

- Protocols to ensure individuals' safety, especially among high-risk adults in healthcare systems who have attempted suicide, experienced a suicidal crisis, and/or have a serious mental illness. This must include:
 - Outreach telephone contact within 24 to 48 hours after discharge.
 - Securing an appointment for follow-up care within one week of discharge.

5. TREAT: Implement effective evidence-based [treatments](#)

Implement effective evidence-based treatments that directly address suicidal thoughts and behaviors. Individuals at risk of suicide should be treated timely and in the least restrictive setting possible.

Examples of evidence-based treatments from the [Zero Suicide Toolkit](#) include:

- [Cognitive Behavioral Therapy for Suicidal Patients \(CBT-SP\)](#)
- [Brief Cognitive-Behavioral Therapy \(BCBT\)](#)
- [Dialectical Behavior Therapy \(DBT\)](#)
- [Attempted Suicide Short Intervention Program \(ASSIP\)](#)
- [Collaborative Assessment and Management of Suicidality \(CAMS\)](#)

6. TRANSITION: Develop and implement policies and procedures to transition care and supports for individuals who are at risk of suicide.

Develop and implement policies and procedures to:

- Transition individuals in care with warm hand-offs and supportive contacts. Statistically, the transition period with the highest risk is between inpatient and outpatient care, however, each transition is a vulnerable time and requires careful planning to make sure individuals receive the care they need.
- Establish procedures for rapid follow-up and supportive contacts for individuals on a suicide care management plan (i.e., a [pathway to care](#)).
- Establish direct linkages with appropriate outside organizations, including local crisis centers.

7. IMPROVE: Develop and implement a strategic plan to improve policies and procedures

Develop and implement a strategic plan to improve policies and procedures. This should include but not be limited to the following:

- A continuous review of deaths by suicide and non-fatal suicide attempts across all populations
- Reviews of patient care outcomes
- Fidelity of evidence-based practice implementation and to the components of the Zero Suicide model
- Incorporation of implementation metrics

8. Incorporate principles of increasing access to suicide prevention within the Zero Suicide framework

Incorporate principles where everyone has the same opportunity to access suicide prevention within the Zero Suicide framework.

Allowable Activities

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

1. Participate in SAMHSA-specific and/or the Department of Health and Human Services (HHS)-wide Zero Suicide Learning Collaboratives to facilitate the HHS-wide suicide prevention implementation goal of translating research to practice across HHS agencies (National Institute of Mental Health (NIMH), SAMHSA, Health Resources and Services Administration (HRSA), Indian Health Service (IHS)).
2. **For State recipients**, work with the state mental health authority to link to the state's Mental Health Block Grant 5 percent crisis set-aside to support evidence-based crisis systems.
3. Participate in the Zero Suicide Institute (ZSI)'s national data collection effort.
4. Work with the Veterans Health Administration (VHA) and community-based outpatient clinics, state departments of veteran affairs, and national SAMHSA and Veterans Administration (VA) suicide prevention resources to engage and intervene with veterans at risk for suicide but not currently receiving VA services.
5. Implement community engagement activities.
6. Consider the communities that will be affected by this project and engage them in the overall program planning. To do so, SAMHSA encourages applicants to:
 - Engage communities, when practicable, during the design phase,
 - Develop programs in consultation with communities benefiting from or impacted by the program, and
 - Consider available data, evidence, and evaluation results from past programs to make every effort to extend eligibility requirements to all potential applicants.

Eligibility

Eligible Applicants

Eligibility is statutorily limited by [Section 520L of the Public Health Service Act](#) [290bb–43] to:

- Community-based primary care or behavioral health care settings
- Emergency departments
- State mental health agency (or State health agency with mental or behavioral health functions)
- Public health agencies
- Territories of the United States
- Indian Tribes or Tribal organizations (as the terms “Indian tribe” and “tribal organization” are defined in [Section 5304 of Title 25](#)).

At least two awards will be made to a Tribe/Tribal organization pending adequate application volume.

Recipients who received funding under NOFO SM-23-011 **are not eligible** to apply. **Refer to [Appendix A](#) for a complete list of Zero Suicide Ineligible Applicants.**

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

Cost Sharing

Cost sharing/match is not required for this program.

Data Collection, Performance Measurement, and Performance Assessment

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

You must collect and report selected program-level indicators on a quarterly basis. The data collection and reporting tool and related guidance will be provided post-award.

You can visit [SAMHSA’s Performance Measures](#) webpage to view the performance measurement tools. Training and technical assistance on SAMHSA’s Performance Accountability and Reporting System (SPARS) data collection and reporting will be provided after award. Recipients must collect and report data on the following program-level indicators:

- Number of individuals trained in suicide risk assessment as a result of grant

- Number of individuals screened for suicidal risk as a result of grant
- Number of individuals who had a positive screen for suicide risk
- Number of individuals who received a brief intervention for suicide prevention
- Number of individuals who received mental health services (for suicide treatment)

You will receive training and technical assistance on SPARS after award

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

Performance Assessment

Discretionary awards should include clear benchmarks/objectives for measuring success and progress toward relevant goals. You are required to submit programmatic progress reports that demonstrate if you are meeting the objectives selected for this project, achieving the anticipated outcomes, and if any changes need to be made. You must review your performance data to find out if you are making progress and improving project management. Refer to [Reporting Requirements](#) for information on submitting these reports.

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

Using Evidence-Based, Evidence-Informed, and Community-Defined Practices

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

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

You can visit SAMHSA's [Evidence-Based Practices Resource Center](#) to identify the appropriate suicide prevention, intervention, and postvention practices that can be used in your project, including suicide risk identification and treatment.

Cooperative Agreement Requirements

These awards are being made as cooperative agreements because they require substantial post-award federal staff participation in the oversight of the project.

Under this cooperative agreement, the roles and responsibilities of your organization and SAMHSA staff are:

Grant recipient roles:

- Comply with terms and conditions of this cooperative agreement.
- Work with SAMHSA staff in implementing and monitoring the project.
- Submit performance measures data via SPARS.
- Submit all required performance assessments, evaluations, financial reports, and continuation award applications.
- Attend and participate in calls with your Government Project Officer (GPO).
- Attend and participate in virtual meetings.

SAMHSA staff roles:

Your **GPO** is responsible for program monitoring, providing technical assistance, and conducting site visits. Your GPO will work with you on implementing program and evaluation activities and make recommendations about program continuance.

SAMHSA staff will:

- Schedule routine conference calls and provide technical assistance and consultation.
- Review or approve one stage of a project before work may begin on a later stage during a current approved project period.
- Review and approve publication of project results, packaging and dissemination of products and materials to make finding available to the field.
- If indicated, review and approve the development and implementation of a multi-site evaluation in partnership with evaluation contractors and other award recipients.

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

SAMHSA Strategic Priorities and Other Expectations

When developing your project, you must consider [SAMHSA's Strategic Priorities](#), which includes recovery, a commitment to innovation, data, gold-standard science, and access to high

quality services for all, which align with the Administration's [Make America Healthy Again Commission](#). In addition, there are other expectations included in *Section I* in the *Application Guide* that you must consider as you design your project.

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

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

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

4. **Treatment for Serious Mental Illness and Complex Needs:** Serve individuals with the most serious and complex behavioral health needs, including those with serious mental illness and co-occurring substance use and mental health disorders, through access to evidence-based treatment.
5. **Crisis Intervention and Emergency Services:** Expand access to crisis intervention care and services, coordinating with crisis systems and first responders to ensure public safety and suicide prevention.
6. **Recovery, Sobriety, and Self-Sufficiency:** Provide support and treatment to help individuals achieve long-term recovery, sobriety, independence, and improved functionality in work-life responsibilities.

The recipient must demonstrate ongoing compliance with these principles and objectives, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other

enforcement actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award.

Recipient Meetings and Technical Assistance

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

We expect your attendance at an in-person meeting in years 2 and 4 of your award. You must send a maximum of three people, including the Project Director and Lead Evaluator, to these meetings.

A detailed budget and budget narrative for in-person travel costs must be included in the budget you submit with your application. For budgeting purposes, these meetings are usually held in the Washington, D.C., metropolitan area for up to three days.

Budget revisions will be considered if SAMHSA decides to have a virtual meeting.

Funding Restrictions and Limitations

The following are funding restrictions for this project:

- Food is an unallowable expense.
- Capitalizable infrastructure, such as computer systems or software, is recoverable as depreciation through an approved negotiated indirect cost rate or 15 percent de minimis rate in accordance with your organization's existing capitalization/amortization policies.
- Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 3729(b)(4).
- Discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate:
 - racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation.
 - denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic.
 - illegal immigration; or
 - any other initiatives that compromise public safety or promote anti-American values.
- Discretionary awards must not support harm reduction as outlined in [SAMHSA's Dear Colleague Letter](#) on harm reduction.

- Discretionary awards must not support “housing first” policies that fail to ensure accountability and fail to promote treatment, recovery, and self-sufficiency.

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

All activities proposed in your application and budget narrative must align with the current [Executive Orders](#), [SAMHSA Strategic Priorities](#), and where applicable, demonstrably advance the President’s policy priorities. If an application does not align, the application will not receive funding.

Step 2: Get Ready to Apply

Get Registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

eRA Commons

You must register in [eRA Commons](#). Register at least six weeks before the application deadline. See guidance at [eRA Help and Tutorials](#) and [Section A](#) in the *Application Guide*.

Find the Application Package

The application package has all the forms you need to apply. You can find it online. Go to [Search Grants at Grants.gov](#) or [eRA ASSIST](#) and search for opportunity number: SM-26-008.

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

Step 3: Build Your Application

Application checklist

Make sure that you have everything you need to apply:

Narratives

Component	Form to use	Page limit
<input type="checkbox"/> Project abstract	Project Abstract Summary Form	1 page
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	15 pages
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	None

Attachments

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

Component	Page limit
<input type="checkbox"/> 1. Letters of commitment, if applicable	None
<input type="checkbox"/> 2. Data collection instruments and interview protocols	None
<input type="checkbox"/> 3. Sample consent forms	None
<input type="checkbox"/> 4. Project timeline	2 pages
<input type="checkbox"/> 5. Biographical sketches and position descriptions	See: Biographical Sketches
<input type="checkbox"/> 6. Confidentiality and SAMHSA Participant Protection	None
<input type="checkbox"/> 7. Letter to the Single Point of Contact	None

<input type="checkbox"/> 8. Documentation of nonprofit status	None
<input type="checkbox"/> 9. Negotiated Indirect Cost Rate Agreement (NICRA), if applicable	None

Other required forms

Use each required form in Grants.gov or eRA.

Component5	Page limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Project/Performance Site Location(s)	None
<input type="checkbox"/> Grants.gov Lobbying Form	None

Application Contents and Format

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

The following links contain information on:

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

Project Abstract

Page limit: 1 page

Your project abstract should include:

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

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

Project Narrative

Page limit: 15 pages

Filename: Project narrative

In developing your Project Narrative:

- Provide a detailed response to the [merit review criteria](#).
- Follow the [required formatting instructions](#).
- Stay within the page limit or we will not review your application. We recommend page limits for the subsections, but they are for guidance only. You may place citations in an attachment, which does not count in the 10-page limit.

Budget Narrative

Page limit: none

Filename: BNF

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

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

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

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

Attachments

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

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

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

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

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

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

Attachment 2: Data Collection Instruments and/or Interview Protocols

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

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

Attachment 3: Sample Consent Forms

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

Attachment 4: Project Timeline

Page limit: 2 pages

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

Attachment 5: Biographical Sketches and Position Descriptions

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

Attachment 6: Confidentiality and SAMHSA Participant Protection

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

Attachment 7: Letter to the State Point of Contact

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

Attachment 8: Documentation of Nonprofit Status

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

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in Section 501(c)(3) of the IRS Code.
- A copy of a current and valid IRS tax exemption certificate.

- A statement from a state taxing body, state attorney general, or other appropriate state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization’s certificate of incorporation or similar document that establishes nonprofit status.
- Any of the above proof for a state or national parent organization **and** a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

Attachment 9: Negotiated Indirect Cost Rate Agreement (NICRA)

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

Other Required Forms

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

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

- **SF-424** – Fill out all sections of the SF-424.
 - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the Project Director (PD)/Principal Investigator (PI).
 - In **Line 8b** (Employer/Taxpayer Identification Number (EIN/TIN)), enter the recipient organization’s **12-character EIN and suffix** as registered with the Payment Management System (PMS), if applicable. If not registered in PMS, enter the recipient organization’s EIN.
 - In **Line 8f**, enter the name and contact information of the PD identified in the budget and listed in Line 4 (eRA Commons Username).
 - In **Line 17** (Proposed Project Date), enter: a. Start Date: 9/30/2026; b. End Date: 9/29/2031.
 - In **Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
 - **Line 21** is the Authorized Representative and should not be the same individual as the PD in Line 8f.

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

- **SF-424A BUDGET INFORMATION FORM** – Fill out all sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

Section A – Budget Summary:

- As cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only.

Section B – Budget Categories:

- As cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only.

Section C – Non-Federal Resources:

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

Section D – Forecasted Cash Needs:

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

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

- Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years total, enter the requested budget amount for each of those budget period in columns b, c, d, and e (i.e., four out years):
 - (b) First column is the budget for the second budget period;
 - (c) Second column is the budget for the third budget period;
 - (d) Third column is the budget for the fourth budget period;
 - (e) Fourth column is the budget for the fifth budget period.Use Line 16 for federal funds and Line 17 for non-federal funds.

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

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

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

Step 4: Learn About Review and Award Application Review

Initial Review

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

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the [deadline](#).
- Exceeds the 15-page limit for the Project Narrative.

Merit Review

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

- The Project Narrative cannot be longer than 15 pages.
- There are five sections (Sections A–E) and you must use the section numbers and headings listed in the Evaluation Criteria.
- Include the section letter and number (e.g., A.1, B.2) **before the response to each criterion**. You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response.
- Reviewers will only consider information included in the appropriate numbered criterion.
- The number of points after each section heading is the maximum number of points a reviewer may give for that section.
- Unless required, cost-sharing will not be a factor in the review of your response to the criteria.

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

1. Identify and describe the geographic area where the project will be implemented and the adults at risk for suicide that will be impacted by this project.
2. To the extent possible, describe the adults at risk for suicide to be served in the selected geographic area (your catchment area) in terms of age, sex (male/female),

socioeconomic status, clinical characteristics, veteran status, and system involvement (e.g., criminal justice, social services, child welfare). Note: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation are prohibited.

3. Describe the need to increase the capacity of your organization to implement, sustain, and improve suicide prevention and intervention treatment and support services for the adults at risk for suicide to be served by this project. Include information on the service gaps and other problems related to the need for capacity building. Identify the source of the data (e.g., [National Survey on Drug Use and Health \(NSDUH\)](#)). (Note: Citations may be included in an attachment and will not count towards the page limit.)

B: Proposed implementation approach (30 points – approximately 7 pages)

1. Describe the goals and measurable objectives of your proposed project. (See [Developing Goals and Measurable Objectives](#)). These must align with the Statement of Need in A.3.
2. Describe how you will implement all [required activities](#) and selected allowable activities.
3. Describe how your proposed implementation approach will address [SAMHSA Strategic Priorities](#).
4. [Attachment 4](#), provide no more than a two-page chart or graph depicting a realistic timeline for the entire 5 years of the program. It must include dates, key activities that must also include required activities, and responsible staff. Indicate when service delivery will begin. The timeline does not count towards the page limit for the Program Narrative.

C: Proposed Evidence-Based Treatment(s) (25 points – approximately 3 pages)

1. Identify the suicide-related Evidence-Based Treatment(s) you will be using for this project.
2. Identify how each selected treatment is appropriate for the outcomes you want to achieve and the individuals you propose to serve.
3. Justify the use of each treatment for the individuals you propose to serve.
4. Describe any modifications that will be made to the treatment and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
5. Describe the methods you will use to monitor the delivery of the treatments to ensure that they are implemented with fidelity and in accordance with the treatment guidelines.

D. Organizational experience and staffing (15 points – approximately 2 pages)

1. Describe the experience of your organization with similar projects and/or providing services to the adults at risk for suicide.
2. Identify any other organization(s) that will partner with you on this project. Describe their specific roles and responsibilities for this project. Letters of Commitment from each partner organization must be included in [Attachment 1](#). **Indicate if you are not partnering with any other organizations.**
3. Provide a complete list of all significant staff positions for the project, including the Key Personnel (Project Director and Evaluator). For each, describe their:
 - Role
 - Level of effort (LOE), stated as a percentage of employment (e.g., 1.0 FTE = full-time)
 - Qualifications, including their experience providing services to the individuals to be served

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

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

Risk Review

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

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

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

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

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

Review and Selection Process

When making funding decisions, we consider:

- Peer review results. Reviewers evaluate an application's scientific/technical aspects through the merit review process, which is an evaluation of the merits of the submitted application(s) based on the criteria/guidelines provided in the NOFO. The results of that

merit review are advisory in nature only. Program offices and approving officials make final determinations for funding.

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

- When the individual award is over \$250,000, approval by the Center for Mental Health Services National Advisory Council.
- Availability of funds.
- Submission of any required documentation that must be submitted prior to making an award.
- Recipients who received funding under NOFO SM-23-011 **are not eligible** to apply. **NOTE:** Refer to [Appendix A](#) for a complete list of Zero Suicide grant recipients not eligible to apply under this NOFO.

Other principles that may be considered in funding decisions include:

- Preference for discretionary awards should be given to institutions with lower indirect cost rates.
- Discretionary grants should be given to a broad range of recipients rather than to a select group of repeat players. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results, in a manner consistent with the funding opportunity announcement.
- To the extent institutional affiliation is considered in making discretionary awards, agencies should prioritize an institution's commitment to rigorous, reproducible scholarship over its historical reputation or perceived prestige. As to science grants, agencies should prioritize institutions that have demonstrated success in implementing Gold Standard Science.

Award Notices

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

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

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

Step 5: Submit Your Application

Submission Requirements and Deadlines

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

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

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

Deadlines

Application

Due on April 20, 2026.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See exemptions for paper applications (3.2) in [Section A](#) in the *Application Guide*.
- When your application is submitted, it must pass validation checks for both Grants.gov and eRA. You will receive emails from both systems to either confirm the application successfully passed validation checks, or to notify you that there were errors that must be fixed before the application can be considered successfully submitted.
- If using the Grants.gov Workspace tool, use the Preview Grantor Validation feature in Grants.gov before submitting your application. Doing so will allow you to validate your application and review/fix all errors and warnings before submitting.
- It is strongly advised that organizations log into their eRA Commons account post submission to confirm submission status, as emails from each system could be placed in a recipient's junk mail folder and go unread.

Intergovernmental Review

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

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

Step 6: Learn What Happens After Award

Post-award Requirements and Administration

Administrative and National Policy Requirements

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

- All terms and conditions in the NoA. We incorporate this NOFO by reference. You can see SAMHSA's [standard terms and conditions](#) on our website.
- The regulations at [2 CFR Part 200](#) – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, modifications at 2 CFR 300, and any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). Your NoA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#). See [Section H](#) in the *Application Guide*.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.
- SAMHSA grants must align with SAMSHA and presidential priorities and policies. Grant programs that fail to align with these may be subject to termination.

Reporting Requirements

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

Reporting Requirements

You are required to submit an annual Programmatic Progress Report (PPR) in Years 1 through 4, and a cumulative Final Progress Report (FPR) in Year 5. You must use the OMB-approved Excel Programmatic Progress Report (PPR) template for your program. Your Government Project Officer (GPO) will provide you with this template upon award. You will need to submit your completed PPRs in eRA Commons.

The annual PPR is due within 90 days of the end of each budget period. The FPR is due within 120 days after the end of the project period. The final report must be cumulative and include all activities during the entire project period.

You must report the following information in your PPRs:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress towards project goals as stated in your grant application, including project activity accomplishments, implementation facilitators, implementation challenges, and plans/actions for leveraging success and/or overcoming challenges;
- Success stories; and
- Program specific measures (PSM), including:
 - A list of healthcare organizations implementing the Zero Suicide project.

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

Appendix A: List of Ineligible Applicants

Grant Number	Organization	State	NOFO
SM088536	AL State Dept of Mental Health	AL	SM-23-011
SM088577	Horizon Health and Wellness	AZ	SM-23-011
SM088539	Native American Health Center	CA	SM-23-011
SM088436	CO State Dept of Public Health	CO	SM-23-011
SM088567	Lutheran Services Florida Inc.	FL	SM-23-011
SM088415	Suncoast Center	FL	SM-23-011
SM088748	Wellstar Health System	GA	SM-23-011
SM088337	St. Vincent Hospital	IN	SM-23-011
SM088538	KY State Cabinet	KY	SM-23-011
SM088556	Maine Health	ME	SM-23-011
SM088526	Detroit Wayne Integrated Health Network	MI	SM-23-011
SM088315	Pine Rest Christian Mental Health Services	MI	SM-23-011
SM088444	Beaumont Health Foundation	MI	SM-23-011
SM088579	Burrell Behavioral Health	MO	SM-23-011
SM088455	MO State Dept of Mental Health	MO	SM-23-011
SM088424	St. Peter's Health Foundation	MT	SM-23-011
SM088420	Jewish Board of Family and Children's Services	NY	SM-23-011
SM088405	NY State Office of Mental Health	NY	SM-23-011
SM088548	Cherokee Nation	OK	SM-23-011
SM088404	Mennonite General Hospital	PR	SM-23-011
SM088553	SC State Dept of Mental Health	SC	SM-23-011
SM088546	Westcare TN Inc.	TN	SM-23-011
SM088540	Tropical Texas Behavioral Health	TX	SM-23-011
SM088405	The Harris Center for Mental Health & IDD	TX	SM-23-011
SM088427	Austin Travis County Integral Care	TX	SM-23-011